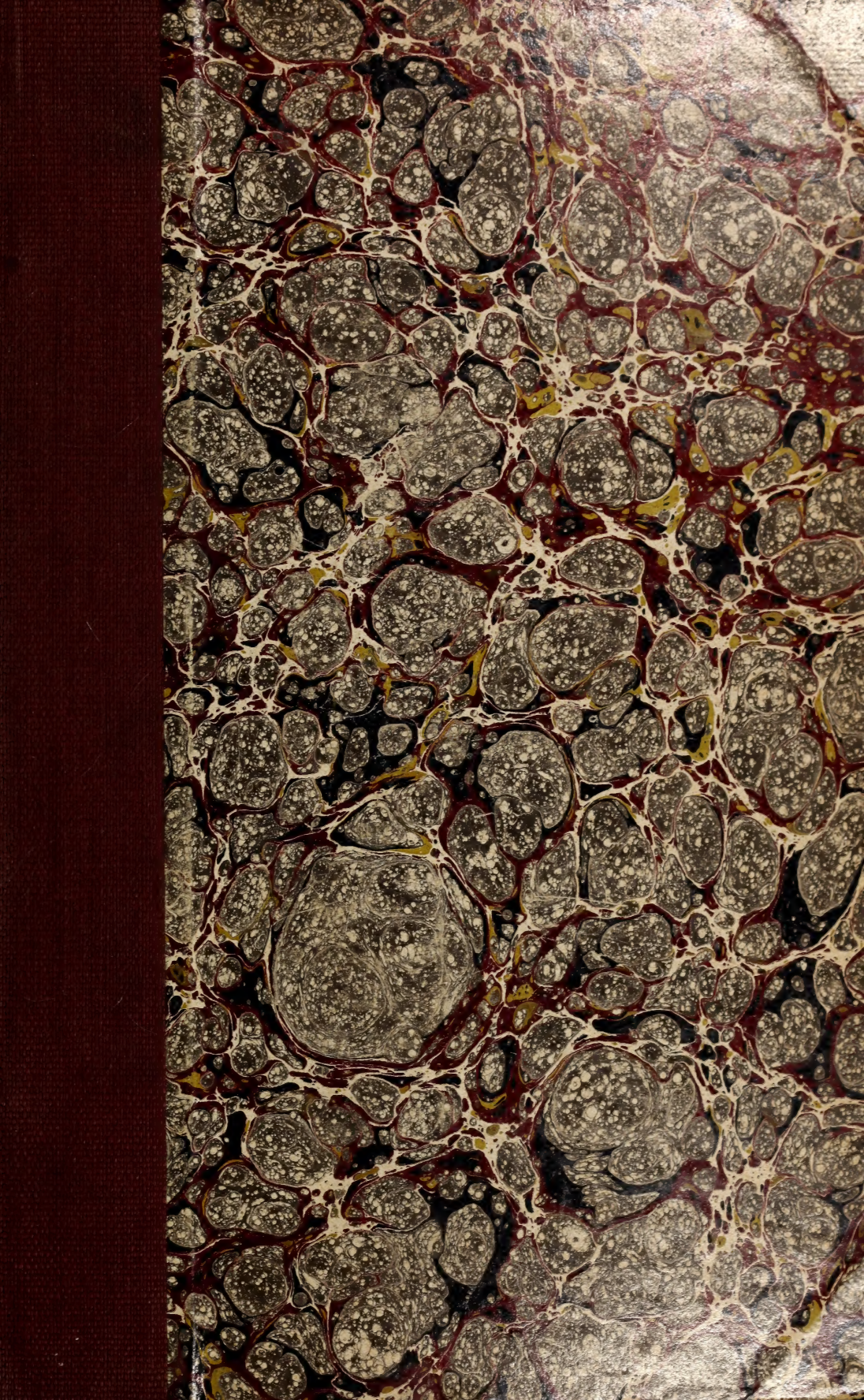
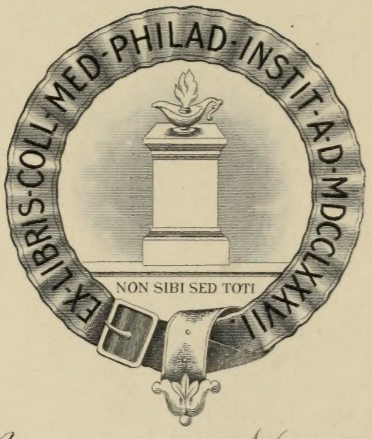


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THE

Hahnemannian

MONTHLY.

VOLUME FOURTH, NEW SERIES.

(VOLUME SEVENTEENTH)

JANUARY TO DECEMBER,

1882.

E. A. FARRINGTON, M.D., - - - *Contributing Editor.*

PEMBERTON DUDLEY, M.D., - - - *General Editor.*

PUBLISHED BY THE

HAHNEMANN CLUB,

PHILADELPHIA.

SHERMAN & CO.,
PRINTERS, PHILADELPHIA.

INDEX

TO THE

HAHNEMANNIAN MONTHLY.

VOLUME SEVENTEENTH, 1882.

PAGE

About the Blind, ... 126
Accidental Proving of Arnica. By T. S. Dunning, M.D., . . . 278
Accommodative Asthenopia. By W. H. Bigler, M.D., . . . 341
Accumulation of Bismuth in the Stomach, ... 249
Acknowledgment, ... 752
Acquired Color-blindness, ... 635
Acute Catarrhal Ophthalmia. By William Erwin, M.D., . . . 27
Acute Milk-poisoning, ... 759
Adulterations of Drugs, ... 695
A Grateful Republic, ... 753
Aliment and Hygiene in Cholera Infantum, etc. By J. K. Lee, M.D., 584
Allen, R. C., M.D., Cancer of Uterus, with Extension of the Disease, 351
Treatment of Lacerations of the Cervix Uteri without Operation, ... 156
Allgemeine Krankenhaus, The. By W. B. Van Lennep, M.D., . 556
Allopathic Ethics, The New Code of, ... 190
Allopathic Opinions of Homœopathy, ... 124
Allopathic Recognition, ... 51
Amalgam Fillings, Constitutional Effects resulting from the Use of. By J. P. Mills, M.D., ... 577
American Homœopathic Pharmacopœia Again, The, ... 376
American Homœopathic Pharmacopœia of Messrs. Boericke & Tafel. By E. M. Howard, M.D., ... 737
American Homœopathic Publishing Society. By C. Mohr, M.D., . 174
American Institute of Homœopathy, ... 49, 689
By J. C. Burgher, M.D., sec., . . 300, 372
Bureau of Anatomy, Pathology, and Physiology, ... 506
Histology and Microscopy, . . 317
Materia Medica, ... 701
Obstetrics, ... 506
Sanitary Science, ... 574
The Coming Session of, ... 373
The Session of, ... 405
American Medical Association, ... 690
American Pædological Society, ... 253, 640
Third Annual Session. By W. P. Armstrong, M.D., sec., ... 482

OCT 30 1914

89207

PAGE

American Public Health Association, The, ... 574
American Surgical Association, The, ... 443
Anæsthesia in Renal Disease, Dangers of, ... 571
Anæsthesia, Prolonged, ... 249
Anæsthesia, Cardiac Effects of, ... 571
Anatomy in England, The Study of, ... 573
An Effective Prescriber, ... 444
An Exemplary People, ... 752
Another Discovery Coming, ... 568
Another Homœopathic Journal, ... 51
Another New Medical College, ... 51
Another Sure-cure, ... 316
Another Victory, ... 63
"Antiseptic Medication," The Review of. By N. F. Cooke, M.D., . 678
Antiseptic, Thymic Acid as an, ... 760
Anti-vaccination, Experimenting with, ... 445
An Unseemly Discussion, ... 489
Appointment of a Professor, ... 764
Arctium Lappa, ... 761
In Rheumatic Indications, ... 758
The Anchor of the Womb. By S. A. Jones, M.D., . 546
Arithmetical Problem, ... 51
Armstrong, W. P., M.D., American Pathological Society—Third Annual Session, ... 482
Arnica, Accidental Proving of. By T. S. Dunning, M.D., . . 278
Arnica, Discussion on. By C. Bartlett, M.D., ... 279
Asthma Dependent on Mucous Nasal Polypi, ... 572
Astragalus Mollissimus, ... 699
At Loggerheads, ... 498
Australia, Medical Practitioners in, ... 182
Avena Sativa in the Opium Habit, ... 572
A Word in Regard to Lappa Officinalis. By S. A. Jones, M.D., . 746
Badly Scared College Faculty, A, ... 505
Bait for Ambitious Investigators, ... 690
Bandage after Parturition, ... 316
Baptisia, Can it Abort True Typhoid? 304
Bane for Bacilli, ... 752
Bartlett, C., M.D., Diagnosis of Locomotor Ataxia, ... 333
Discussion on Arnica, ... 279
Cholera Infantum, etc., . . . 598
Membranous Croup, . . . 674
Ophthalmia Neonatorum, . . 740
Treatment of Intermittent Fever, . 205
Sciatica, ... 219
Powdered Boracic Acid in Chronic Suppurative Inflammation of the Middle Ear, . . . 722
Beef Tea, ... 571
Bequest to the Brooklyn Homœopathic Hospital, ... 761
Berberis and Lycopodium in Chronic Diarrhœa By F. F. Laird, M.D., 8
"Bestiarians," 690
Betts, B. F., M.D., Curative Treatment of Lacerations of the Cervix Uteri by Operation, ... 158
Effects of Laceration of the Cervix Uteri upon Health, ... 150
Bigler, William H., M.D., Accommodative Asthenopia, . . . 341
The Possible Consequences of Ophthalmia Neonatorum, and how far Amenable to Treatment, 734

PAGE
Billroth, The Vienna Celebration in honor of. By H. F. Ivins, M.D., 552
Bismuth in the Stomach, Accumulation of, ... 249
Boericke & Tafel, The American Homœopathic Pharmacopœia of. By E. M. Howard, M.D., ... 737
Boracic Acid, ... 317
Boro-glyceride, ... 502
Boston University School of Medicine, ... 504, 761
Brain Exhaustion,—Natrum Mur. By F. F. Laird, M.D., . . 200
Breyfogle, W. L., M.D., Winslow on the Lycopodium Fallacy—Was the Paper Suppressed? 488
Brilliant Record, A, ... 253
British Homœopathic Congress, ... 700
British Journal of Homœopathy, ... 700
Bromide Ulcers, ... 758
Brooklyn Homœopathic Hospital, ... 700, 761
Bureau of Pharmacology, Work for the, ... 690
Burgher, J. C., M.D., The American Institute of Homœopathy, 300, 372
Calcarea Carb. and Causticum, Differences between. By S. Lilienthal, M.D., ... 682
California Homœopath, The, ... 762
Calomel in Yellow Fever, ... 505
Can Baptisia Abort True Typhoid? 304
Cancer of the Uterus, with Extension of the Disease to Other Organs. By R. C. Allen, M.D., ... 351
Capillary Bronchitis. By M. Deschere, M.D., ... 534
Cardiac Effects of Anæsthetics, ... 571
Care of Sponges, ... 250
Case of Dr. Van Valzah, ... 494
Case of Carbuncle. By S. Swan, M.D., ... 161
Case of Locomotor Ataxia. By F. F. Niver, M.D., ... 338
Cause and Effect, ... 377
Cause of the High Death-rate, ... 690
Cereal Foods, ... 760
Certain Cure at Last, ... 690
Chancre *versus* Chancroid, ... 671
Changes in Plants, ... 502
Chaplain, F. T., M.D., ... 761
Charge and Counter Charge, ... 497
Chemistry of Mercury and the Constitutional Effects of the Use of Amalgam Fillings. By J. P. Mills, M.D., ... 577
Chester Homœopathic Dispensary, ... 761
Children's Homœopathic Hospital of Philadelphia, . . . 639, 764
Children's Hospital Fair, ... 63
Childs, W. R., M.D., ... 761
Cholera and Yellow Fever, ... 189
Cholera in Eastern Asia, ... 639
Cholera in India, ... 638
Cholera Infantum, Aliment and Hygiene in. By J. K. Lee, M.D., . 584
Clinical Cases. By C. R. Norton, M.D., . . 592
Discussion on. By C. Bartlett, M.D., . . . 598
The Pathology of. By J. C. Morgan, M.D., . . 582
The Treatment of. By H. N. Guernsey, M.D., . 589
Chromium in Syphilis and Diphtheria, ... 316
Chronic Diarrhœa, Lycopodium and Berberis in. By F. F. Laird, M.D., ... 8
Chronic Diarrhœa, Œnothera Biennis in, ... 480
Clandestine Homœopathy, ... 243

PAGE

Clinical Cases, Cholera Infantum. By C. R. Norton, M.D., . . 592
Clinical Cases, Headache. By F. F. Laird, M.D., ... 361
Clinics of Bellevue Hospital, ... 384
Close Observer, A, ... 567
Code, Pennsylvania Allopaths and the, ... 384
Coffee in Whooping Cough, ... 571
Colleague, Burnt-out, A, ... 701
Colorado Letter. By W. H. Winslow, M.D., ... 108
Color-blindness, Acquired, ... 635
Comfortable Practice, ... 629
Complications of Intermittent and Remittent Fevers. By M. M. Walker, M.D., ... 91
Condolence, ... 128
Consistency, ... 567
Consultation from a Legal Standpoint, ... 503
Consultation Question, and How Shall We Meet It, ... 305
Contagious Vaccination, ... 445
Convincing Argument, A, ... 51
Cook County Hospital, Chicago, ... 700
Cooke, N. F., M.D., The Review of "Antiseptic Medication," . . 678
Corn Silk, ... 571
Co(w)-education, ... 753
Cow-pox, ... 63
Craddock, W. L., M.D., ... 700
Cremation Societies, ... 310
Crying of the Fœtus in Utero, ... 637
Cuprum Sulphuricum, ... 446
Cutaneous and Venereal Diseases, Journal of, ... 691
Cyclotomy *versus* Iridectomy, ... 445
Cystic Tumor of the Spermatic Cord. By W. A. Forster, M.D., . 99
Dangers of Anæsthesia in Renal Disease, ... 571
Dangers of Skin-Grafting, ... 690
Daniels, Dr. J. L., ... 384
Death of Dr. Thomas P. James, ... 191
Death of Judge Parsons, ... 638
Death of Pidoux, ... 700
DECEASED: Barrows, Ira, M.D., ... 703
Burgher, Mrs. E. R., ... 320
Crosby, Mrs. Hattie, ... 703
Gray, John F., M.D., ... 508
Hardenstein, Mrs. Ella, ... 507
Houard, J. Emilio, M.D., ... 192
Keep, Lester, M.D., ... 640
Marsden, Mrs. Susan G., ... 192
McClelland, Miss Sallie, ... 576
Moore, Thomas, M.D., ... 256
Okie, Abraham H., M.D., ... 640
Owen, Elbert J., ... 507
Rickey, A. C., M.D., ... 768
Rousseau, L. M., M.D., ... 703
Wanstall, Emma Steene, M.D., ... 703
Williams, C. D., M.D., ... 508
Williams, Edward C., M.D., ... 64
Wilson, Theodore, M.D., ... 128
Woodward, Lewis, M.D., ... 508
Defecation, Position during. By J. S. Skeels, M.D., . . . 161
Deferred, ... 243

PAGE

Definitions, ... 311
Denver Almshouse, Homœopathy versus Allopathy in the, . . 127
Deschere, M., M.D., Capillary Bronchitis, ... 534
Diabetes Insipidus. By F. F. Laird, M.D., ... 712
Diagnosis and Prognosis of Malarial Fevers. By R. J. McClatchey, M.D., ... 86
Diagnosis of Locomotor Ataxia. By Clarence Bartlett, M.D., . . 333
Dialect in Deaf Mutes, Heredity of, ... 175
Diet and Drugs in Lactation, ... 160
Differences between Calcarea Carb. and Causticum. By S. Lilienthal, M.D., ... 682
Digestive Functions in Plants, ... 568
Dirt Cheap, ... 377
Discovery of Galenian Manuscripts, ... 639
Discussion on Arnica. By Clarence Bartlett, M.D., ... 279
Cholera Infantum. By Clarence Bartlett, M.D., . . 598
Membranous Croup. By Clarence Bartlett, M.D., . 674
Ophthalmia Neonatorum. By C. Bartlett, M.D., . 740
Sciatica. By Clarence Bartlett, M.D., ... 219
Treatment of Intermittent Fever. By Clarence Bartlett, M.D., ... 205
Dissection in Berlin, ... 567
Domain of Microphytes, ... 187
Dose, The, ... 441
Downey, F. E., Epidemic Dysentery, ... 477
Dr. A. E. Sumner's Successor, ... 761
Dr. Bristowe, ... 51
Dr. Hering's Portrait, ... 763
Dr. J. J. Woodward, ... 495
Dr. Prosper Bender, ... 762
Dr. S. H. Boynton, ... 243
Dr. Talcott's Lectures on Insanity, ... 702
Dr. Youlin's Successor, ... 63
Dreadful, ... 377
Drinking-water, Self-purification of, ... 759
Drugs, Adulterations of, ... 695
Dudgeon's Pocket Sphygmograph. By B. W. James, M.D., . . 240
Dunning, T. S., M.D., Accidental Proving of Arnica, ... 278
Dunning, T. S., M.D., Treatment of Remittent Fevers, . . . 96
Duty of Contributors, ... 562
Dwellings, Improved Ventilation of. By B. W. James, M.D., . . 166
"Ebullition of Blood," 629
EDITORIALS: Acknowledgment, ... 752
A Suggestion, ... 50
A Medical Jeremiad, ... 114
A Mortal Mistake, ... 560
American Institute of Homœopathy, . . . 49, 689
An Unseemly Discussion, ... 491
Duty of Contributors, ... 562
Ferments, ... 309
Insanity *versus* The Marriage Relation, . . . 566
Interpreting Hahnemann by Hahnemann, . . . 49
Nota Bene, ... 50
NOTES AND COMMENTS: 51, 119, 181, 245, 310, 377, 443, 495, 567, 629, 690
Not Very Enthusiastic, ... 375
Our July Number, ... 376

PAGE

EDITORIALS: Our Legislative Struggle, ... 749
Pathology of Malarial Fevers, ... 49
Pronunciation of the Names of Drugs, ... 564
Relation between the Vegetable and Animal Kingdoms, ... 308
Restraint and Narcotics in Insanity, ... 47
Something Particular, ... 750
That Resolution, ... 684
The American Homœopathic Pharmacopœia again, . 376
The Case of Dr. Van Valzah, ... 494
The Coming Session of the American Institute, . . 373
The Conflict, ... 623
The Consultation Question, and How Shall We Meet It, ... 305
The Dose, ... 441
The Ethical Earthquake, ... 118
The Indianapolis Meeting, ... 442
The Institute's Next Place of Meeting, ... 751
The Lion and The Lamb, ... 176
The Long-eared Lion of Indiana, ... 565
The Lunatic's Right to Liberty, ... 747
The Old and the New, ... 46
The Organon, ... 117
The Pennsylvania State Society, ... 559, 628
The Pestered Man of Earth, ... 683
The Surgeon-General's Attitude toward the Medical Profession, ... 437
The Use and Abuse of Specialties, ... 243
Three Exclusive Dogmas, ... 686
Titles and Things, ... 626
Transactions of the London Homœopathic Convention, 50
Unaccountable Ignorance, ... 627
Unsavory Journalism, ... 688
Who Introduced Nitro-glycerine? 493
Effects of Koumiss. By Jno. C. Morgan, M.D., ... 113
Encouraging, ... 753
Enemata of Peptones, ... 249
Epidemic Dysentery. By F. E. Downey, M.D., ... 477
Epithelia of the Kidney, ... 436
Ergotine Treatment of Uterine Tumors, ... 502
Errata, ... 244, 574, 640
Erwin, William, M.D., Acute Catarrhal Ophthalmia, . . . 27
Ethical, ... 496
Ethical Earthquake, The, ... 119
Ethics, Twenty Years Ago and Now, ... 485
Etiology and Pathology of Malarial Fevers. By John C. Morgan, M.D., ... 10, 77, 257
Eucalyptus, Sanitary Influence of the, ... 697
Evacuate, ... 629
Exceptional Cases—Variola—Cataract. By A. L. Monroe, M.D., . 287
Experience with Homœopathy. By S. Lilienthal, M.D., . . . 162
Experimental Research on Tuberculosis, ... 62
Experimenting with Anti-vaccination, ... 445
Expulsion of Insects from the External Auditory Canal, . . . 188
Eyeball, Iron in the. By W. H. Winslow, M.D., ... 288
Fare to Altoona and Return, ... 567

PAGE

Farrington, E. A., M.D., Modalities as arranged by Bönninghausen, . 236
Preventive Treatment of Laceration of the Cervix Uteri, ... 145
Studies in Materia Medica, 1, 129, 193, 321, 385, 513, 705
Ferments, ... 309
Fissured Nipples, ... 571
Forster, W. A., M.D., Cystic Tumor of the Spermatic Cord, . . 99
Foster, John M., M.D., ... 700
Franklin, Prof. E. C., ... 243
Fraudulent Glycerin, ... 572
Frontal Headache, Iodide of Potassium in, ... 572
Fun Ahead, ... 377
Functional Paralysis of the Vocal Bands. By H. F. Ivins, M.D., . 468
Gale, C. A., M.D., Vermont Homœopathic Medical Society, . 639, 769
Galenian Manuscripts, Discovery of, ... 639
Garfield's Doctors, ... 762
Gause, P. O. B., M.D., Ophthalmia Neonatorum, ... 731
Gelsemic Acid, ... 637
Glonoine in Sea-sickness, ... 638
Gone to Sleep Again, ... 311
Goodno, W. C., M.D., History of Five Tracheotomies, with Remarks, 668
Gosewisch, E. W., M.D., The Truths of Homœopathy, . . . 520
Gregg, R. R., M.D., Microscopic Fallacies *versus* The Lycopodium Fallacy, ... 548
Grindelia Robusta in Eye Diseases, ... 635
Grindelia Squarrosa, ... 502
Growth of English Homœopathic Pharmacy, ... 636
Guernsey, H. N., M.D., ... 504, 700
The Guiding Symptoms, ... 111
Treatment of Cholera Infantum, etc., . . 589
Guiding Symptoms, The. By H. N. Guernsey, M.D., . . . 111
Guiteau's Skeleton, ... 629
Hahnemann Club of Philadelphia, ... 447
Hahnemann Medical College of Chicago, ... 251
Hahnemann Medical College of Philadelphia, . . . 254, 639, 764
Hahnemann's Attenuation Limit. By C. Mohr, M.D., . . . 242
Hahnemann's Birthday in Philadelphia, ... 289
Haines, W. M., M.D., Neuralgia Cases—Kali Bich., ... 41
Hale, E. M., M.D., Lappa Major, ... 480
Hall, William D., M.D., ... 761
Hanging Made Easy, ... 699
Harvard Medical School, ... 51
Heredity of Dialect in Deaf Mutes, ... 175
Hering Library, ... 448
Hering Portrait, ... 126
Heroism of Science, ... 311
Herpes Zoster, Peppermint Oil in, ... 699
Hip Disease, ... 316
Hip Disease, Muscular Action in the Pathology of, ... 503
History of Five Tracheotomies, with Remarks. By W. C. Goodno, M.D., 668
Hofmann, H. H., M.D., ... 761
Home Gymnastics, ... 59
Homicide and its Causes, ... 444
Homœopathic Department, University of Iowa, ... 254
Homœopathic Dispensary of Little Rock, Ark., ... 762
Homœopathic Hospital College of Cleveland, ... 254
Homœopathic Library, of Philadelphia, ... 63, 765

PAGE

Homœopathic Life Insurance Company, The, ... 447
Homœopathic Medical College of Chicago, ... 254
Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties (Pa.), ... 763
Northern Pennsylvania, . . 505
Ohio, ... 255
Pennsylvania, . . 255, 448, 506
Bureau of Materia Medica, . . 252
Proceedings of the Eighteenth Annual Session, ... 601
Philadelphia. By Chas. Mohr, M.D., 42, 112, 171, 241, 302, 365, 433, 620, 679, 744
the Twenty-third Ward, Philadelphia, ... 125, 763
Homœopathic Physicians Wanted, ... 317, 574
Homœopathic Successes in Minneapolis, ... 126
Homœopathist Appointed, ... 384
Homœopathy against Allopathy—More Statistics, ... 60
Homœopathy, Allopathic Opinions of, ... 124
Homœopathy, Experience with. By S. Lilienthal, M.D., . . . 162
Homœopathy in Harrisburg, ... 189
Homœopathy in Oregon, ... 504
Homœopathy in Pittsburgh, ... 319
Homœopathy in the Van, ... 762
Homœopathy in Van Diemen's Land, ... 702
Homœopathy in West Philadelphia, ... 189
Homœopathy *versus* Allopathy in Cleveland, ... 311
Homœopathy *versus* Allopathy in the Denver Almshouse, . . . 127
Honors to Homœopathy, ... 317
House Epidemic at a Health Resort, ... 639
Howard, E. M., M.D., On the American Homœopathic Pharmacopœia of Messrs Boericke & Tafel, ... 737
How are Sewer Gases to be Rendered Innoxious. By J. Sperry Thomas, M.D., ... 359
How Happens it? 443
How the Italians Embalm, ... 630
How to reach the Institute Meeting from Richmond, ... 384
Hydrophobia Reported Cured by Pilocarpin, ... 573
Hypericum in Prosopalgia. By F. F. Laird, M.D., ... 543
"Ill" and "Sick," 568
Illiterate Doctors, ... 444
Impending Crises, The. By W. H. Winslow, M.D., ... 429
Improved Ventilation of Dwellings. By B. W. James, M.D., . . 166
Increasing the Dose, ... 316
Indianapolis Meeting, The, ... 442
Infantile Marasmus Caused by the Milk of Pregnant Cows, . . 60
Infinitesimals, Their Physical Nature and Potency. By H. Ring, M.D., 325
Infirmities of Age Averted, ... 502
Ingersoll, W. K., M. D., Rheumatic Periostitis following Typhoid Fever, 348
Insane, Lunar Influence upon the, ... 699
Insanity and Sin, ... 753
Insanity, Dr. Talcott's Lectures on, ... 702
Insanity, Restraint and Narcotics in, ... 47
Insanity *versus* the Marriage Relation, ... 566
Institute Notes, ... 444
Institute Transactions, The, ... 700

PAGE

Intermittent Fever Cases. By Hugh Pitcairn, M.D., ... 38
Discussion on the Treatment of. By C. Bartlett, M.D., ... 205
Treatment of. By C. Mohr, M.D., . . 203
Interpreting Hahnemann by Hahnemann, ... 49
Intussusception, The Treatment of, ... 698
Iodide of Potassium in Frontal Headache, ... 572
Iron in the Eyeball. By W. H. Winslow, M.D., ... 288
Ivins, H. F., M.D., Functional Paralysis of the Vocal Bands, . . 468
Mechanical Treatment of Laryngo-tracheal Stenosis, ... 724
The Vienna Celebration in honor of Professor Billroth, ... 552
Jaborandi and Pilocarpine, ... 571
Jæger's Discovery of the Soul, ... 181
James, Bushrod W., M.D., Dudgeon's Pocket Sphygmograph, . . 240
Improved Ventilation of Dwellings, . 166
The Sewage Question, ... 353
Jones, S. A., M.D., Arctium Lappa—The Anchor of the Womb, . 546
A Word in Regard to Lappa Officinalis, . . 746
The Lycopodium Fallacy, ... 466
Joplin College of Physicians and Surgeons, ... 566
Journal of Cutaneous and Venereal Diseases, ... 691
Kali Bichromicum in Neuralgia Cases. W. M. Haines, M.D., . . 41
Kalmia Latifolia in Honey, ... 638
Karsner, Dr. Charles, ... 447
Knapp's Oculist's Chair. By W. H. Winslow, M.D., ... 481
Kniffin, J. B., M.D., Two Cases from Practice, ... 545
Koch's Discoveries in the Etiology of Tubercular Diseases, . . 382
Korndœrfer, Aug., M.D., Thoughts on the Organon, ... 28
Lacerations of the Cervix Uteri, Curative Treatment by Operation. By B. F. Betts, M.D., . . 158
Diagnosis and Complications of. By. J. G. Smedley, M.D., . 154
Effects of Upon Health. By B. F. Betts, M.D., ... 150
Etiology of. By R. J. McClatchey, M.D., ... 140
Preventive Treatment of. By E. A. Farrington, M.D., . . . 145
Treatment of Without Operation. By R. C. Allen, M.D., . . 156
Lactation, Diet and Drugs in, ... 160
Laird, F. F., M.D., Brain Exhaustion—Natrum Mur., . . . 200
Clinical Cases—Headache, ... 361
Diabetes Insipidus, ... 712
Hypericum in Prosopalgia, ... 543
Lithæmia—Its Etiology and Pathological Relations, ... 641
Lycopodium and Berberis in Chronic Diarrhœa, 8
Lycopus Virginicus, ... 65
Prosopalgia from Entanglement of Nerve Filament, ... 617
Remedies for Dorsal Region of the Back, . . 449
Laird, W. T., M.D., ... 639
Lithæmia—Its Symptomatology, Differential Diagnosis and Treatment, ... 649

PAGE

Lappa Major. By E. M. Hale, M.D., ... 480
Lappa Officinalis, a Word in Regard to. By S. A. Jones, M.D., . 746
Laryngo-tracheal Stenosis, Mechanical Treatment of. By H. F. Ivins, M.D., ... 724
Latest Attainment in Test-plates, ... 62
Lee, J. K., M.D., Aliment and Hygiene in Cholera Infantum, . . 584
Legislation in Defence of Professional Rights, ... 766
Legislative Struggle, Our, ... 749
Letting the Cat Out, ... 251
Library, Philadelphia Homœopathic, ... 127
Liberty *vs.* Toleration, ... 754
Lilienthal, S., M.D., Difference between Calcarea carb. and Causticum, 682
Experience with Homœopathy, ... 162
Lion and the Lamb, ... 176
Lister's Antiseptic Dressing—Modification of, ... 61
Lithæmia—Its Etiology and Pathological Relations. By F. F. Laird, M.D., ... 641
Its Symptomatology, Differential Diagnosis and Treatment. By W. T. Laird, M.D., ... 649
Local Spasm in a Metal Worker; or, Pseudo Colic. By J. C. Morgan, M.D., ... 42
Located, ... 320, 447, 573
Locomotor Ataxia, A Case of. By J. F. Niver, M.D., ... 338
Diagnosis of. By C. Bartlett, M.D., ... 333
Lodge, Dr. E. A., ... 384
London Homœopathic Convention, Transactions of the, ... 50
London School of Homœopathy, ... 701
Long-eared Lion of Indiana, The, ... 565
Lunacy in England, ... 690
Lunar Influence upon the Insane, ... 699
Lunatic's Rights to Liberty, The, ... 747
Lycopodium and Berberis in Chronic Diarrhœa. By F. F. Laird, M.D., 8
Lycopodium Fallacy, The. By W. H. Winslow, M.D., ... 402
By S. A. Jones, M.D., ... 466
Again. By W. H. Winslow, M.D., . . 616
Was the Paper Suppressed. By W. L. Breyfogle, M.D. and W. H. Winslow, M.D., ... 488
Lycopus Virginicus. By F. F. Laird, M.D., ... 65
Mackenzie, Dr. Morrell, ... 700
Mad Allopathic Society, A, ... 575
Magnet in Paraplegic Contractures, The, ... 758
Malarial Fevers, Diagnosis and Prognosis of. By R. J. McClatchey, M.D., ... 86
Etiology and Pathology of. By John C. Morgan, M.D., ... 10, 77, 257
Pathology of, ... 49
Male Fern—Oleo-Resin of, ... 635
MARRIED; Brunner—Banks, ... 703
Goodno—Hansbury, ... 507
Kistler—Dengler, ... 507
Lewis—Cooper, ... 64
Martin—Davis, ... 320
Neville—Brown, ... 256
Oliver—Bibber, ... 128
Scheetz—Simons, ... 256
Tait—White, ... 507

PAGE

MARRIED: Woodruff—Wooden, ... 256
Zerns—Coon, ... 320
Martin, W. T., M.D. Observations on 118 Consecutive Cases of Typhoid Fever, ... 225
Materia Medica, Studies in. By E. A. Farrington, M.D., 1, 129, 193, 321, 385, 513, 705
Matrimonial Blunders, ... 568
McClatchey, R. J., M.D. Diagnosis and Prognosis of Malarial Fevers, 86
Etiology of Lacerations of the Cervix Uteri, 140
McCourt, P. J. Note on Sciatica, ... 622
Mechanical Treatment of Laryngo-tracheal Stenosis. By Horace F. Ivins, M.D., ... 724
Mediæval Thraldom, ... 495
Medical Counselor, The, ... 567
Medical Ethics in France, ... 188
Medical Extortion, ... 243
Medical Jeremiad, A, ... 114
Medical Practitioners in Australia, ... 182
Memorial Statue of Von Grafe, ... 701
Microphytes, The Domain of, ... 187
Microscopic Fallacies *versus* The Lycopodium Fallacy. By R. R. Gregg, M.D., ... 548
Milk of Pregnant Cows, Infantile Marasmus caused by, ... 60
Milk-poisoning, Acute, ... 759
Mills, J. P., M.D., The Chemistry of Mercury and the Effects of Amalgam Fillings, ... 577
Mineral Acids in Vinegar, ... 502
Minnesota State Homœopathic Institute, ... 761
Modalities, as arranged by Bönninghausen. By E. A. Farrington, M.D., ... 236
Modification of Lister's Antiseptic Dressing, ... 61
Mohr, Charles, M.D., American Homœopathic Publishing Society, . 174
Hahnemann's Attenuation Limit, ... 242
Homœopathic Medical Society of Philadelphia, 42, 112, 171, 241, 302, 365, 433, 620, 679, 744
Treatment of Intermittent Fever, ... 203
Monroe, A. L., M.D., Exceptional Cases—Variola—Cataract, . . 287
Monthly Homœopathic Review, The, ... 320
More Exclusivism, ... 753
More Germs, ... 690
More Statistics—Homœopathy against Allopathy, ... 60
Morgan, John C., Effects of Koumiss, ... 113
Etiology and Pathology of Malarial Fevers, 10, 77, 257
Pseudo Colic, or Local Spasm in a Metal Worker, 42
Recurrence of Laryngeal Hæmorrhage, ... 41
The Pathology of Cholera Infantum, ... 582
Morse, L., M.D., Our Materia Medica—Review of Dr. J. P. Dake's Paper, ... 282
Mosquito Bites, ... 699
Mortal Mistake, A, ... 560
Mrs. Langtry and the Code, ... 752
Mucous Nasal Polypi, Asthma Dependent on, ... 572
Muscular Action in the Pathology of Hip Disease, ... 503
Myelitis Caused by Paris Green, ... 760
Myopia among School Children, ... 753
Myxœdema, ... 636
Names of Drugs, Pronunciation of the, ... 564

PAGE

Nash, E. B., M.D., Prosopalgia from Enlargement of Nerve Filament, 617
National Medical Museum and Library, ... 763
Natrum Mur., Brain Exhaustion. By F. F. Laird, M.D., . . . 200
Nearsighted Obstetricians, ... 119
Nervous Congestion, ... 637
Neuralgia Cases—Kali Bichromicum. By W. M. Haines, M.D., . 41
New Code of Allopathic Ethics, ... 190
New Hospital at Pittsburgh, The, ... 700
New Jersey State Society, ... 638, 701
New Journal, A, ... 573
New Medical Club, A, ... 701
New Narcotic, A, ... 381
Newspaper Opinions on the Surgeon-General's Action, . . . 498
New Surgeon-General, The, ... 574
New Vesicatory, A, ... 571
New York Allopathic Code, ... 762
New York City Hospital, The, ... 573
New York Homœopathic College, ... 700
New York Homœopathists, ... 447
New York Medical Journal, ... 761
New York Ophthalmic Hospital, ... 63
New York State Society, ... 125
New Publications: A Complete Minor Surgery; Franklin, . . 315
A Hand-book of Homœopathic Practice; Ockford, ... 756
A Medical Formulary; Johnson, . . . 315
American Homœopathic Pharmacopœia; Boericke & Tafel, ... 312
American Medicinal Plants; Millspaugh, . 569
A New Form of Nervous Disease; Searle, . 184
An Index of Surgery; Keetly, . . . 249
A Repertory; Stokes, ... 183
A Study of Tumors of the Bladder; Stein, . 122
A Treatise on Antiseptic Medication; or Déclat's Method; Cooke, ... 633
Chemical Analysis of the Urine; Smith, . 630
Diet of Infants and Young Children; Morgan, 570
Diseases of the Nervous System; Hart, . . 187
Diseases of the Pancreas and their Homœopathic Treatment; Thomas, Morgan, Korndœrfer, and Farrington, ... 501
Domestic Practice for Parents and Nurses; Eaton, ... 499
Drugs that Enslave; Kane, ... 59
Electricity in Surgery; Butler, ... 693
Hahnemann as a Medical Philosopher; Hughes, 630
Hand-book of Uterine Therapeutics and Diseases of Women; Tilt, ... 59
Hand-book on the Diseases of Women; Brown, 315
Helps to Hear; Campbell, ... 757
Homœopathic Register and Directory of Philadelphia; Mohr, ... 380
Index Catalogue of the Library of the Surgeon-General's Office, United States Army, vol. iii, 756
Index of Comparative Therapeutics; Potter, . 380
Illustrations of Dissections; Ellis & Ford, . 186
Insanity and Its Treatment; Worcester, . . 58

PAGE

NEW PUBLICATIONS: John Hunter and his Pupils; Gross, . . 187
Lectures on Diseases of Children; Herrock, . 378
Lectures on Electricity; Rockwell, . . . 186
Lectures upon Diseases of the Rectum, and the Surgery of the Lower Bowel; Van Buren, 186
Leucorrhœa; Cushing, ... 314
Manual of Histology; Satterthwait, . . . 52
Materia Medica and Therapeutics, Inorganic Substances; Phillips, ... 692
Mental Pathology and Therapeutics; Greisinger, 631
Method of Memorizing the Materia Medica; Monroe, ... 379
New Label Holder; Smith, ... 570
On Asthma—Its Pathology and Treatment; Salter, ... 695
On Slight Ailments—Their Nature and Treatment; Beale, ... 694
Ophthalmic Therapeutics; Norton, . . 185
Physicians' Quarterly Record and Statement; Heston, ... 57
Practical Medical Anatomy; Ranney, . . 569
Proceedings of the Homœopathic Medical Society of Ohio, ... 122
Rheumatism, Gout, and some Allied Disorders; Longstreth, ... 757
Special Pathology and Diagnostics, with Therapeutic Hints; Raue, ... 120
Student's Manual of Venereal Diseases; Hill & Cooper, ... 184
Supersalinity of the Blood; Burnett, . . 501
Textbook of Materia Medica; Cowperthwait, 184
The Change of Life in Health and Disease; Tilt, ... 757
The Homœopathic Physician's Visiting List and Pocket Repertory; Faulkner, . . 756
The Human Ear and Its Diseases; Winslow, . 246
The Incidental Effects of Drugs; Levin, . . 377
The Opium Habit and Alcoholism; Hubbard, 121
The Vest Pocket Anatomist; Leonard, . . 634
Transactions of the American Homœopathic Ophthalmological and Otological Society, . 122
Transactions of the Thirty-fifth Annual Session of the American Institute of Homœopathy, . 754
Transactions of the Homœopathic Medical Society of Michigan, ... 123
Transactions of the Homœopathic Medical Society of Pennsylvania, ... 314
Treatise on Diseases of the Eye; Angell, . 379
Visiting List and Prescription Record; Clapp & Sons, ... 57, 756
Night Medical Service in Brooklyn, ... 700
Niver, J. F., M.D., Case of Locomotor Ataxia, ... 338
North American Review on Homœopathy, ... 381
Norton, C. R., M.D., Sciatica, ... 216
Clinical Cases—Cholera Infantum, . . . 592
Nota Bene, ... 50
Note on Sciatica. By P. J. McCourt, M.D., ... 622

PAGE

Notes and Comments, 51, 119, 181, 245, 310, 337, 443, 495, 567, 629, 690, 762
Not Very Enthusiastic, ... 375
Obituary (see "*Deceased*").
Observations on One Hundred and Eighteen Consecutive Cases of Typhoid Fever. By W. J. Martin, M.D., ... 225
Ockford, George M., M.D., ... 384
Œnothera Biennis in Chronic Diarrhœa, ... 480
Oldest Medical Work Extant, The, ... 495
Oleo-resin of Male Fern, ... 635
On the Origin of Literary Species, ... 496
Ophthalmia, Acute Catarrhal. By William Erwin, M.D., . . 27
Opium Habit, Avena Sativa in the, ... 572
Ophthalmia Neonatorum. By Percival O. B. Gause, M.D., . . 731
Discussion on. By Clarence Bartlett, M.D., 740
The Possible Consequences of and how far Amenable to treatment. By W. H. Bigler, M.D., ... 734
Organon, The, ... 117
Organon, Thoughts on the. By Aug. Korndœrfer, M.D., . . . 28
Oriental Sanitation, ... 63
Oswego County (N. Y.) Society, ... 447
Our College Cities, ... 447
Our July Number, ... 376
Our Legislative Struggle, ... 749
Our Materia Medica—Review of Dr. J. P. Dake's Paper. By L. Morse, M.D., ... 282
Our Representatives in England, ... 700
Out of Mischief, ... 310
Outrageous, ... 762
Ovariotomy, Removal of the Uterus in, ... 250
Ovariotomy, Vaginal, ... 250
Palmer's Tirade against Homœopathy, ... 377
Paradise for Dead-beats, A, ... 691
Paralysis. By M. B. Tuller, M.D., ... 100
Paraplegic Contractures, The Magnet in, ... 758
Parasites, ... 443
Paris Green, Myelitis caused by, ... 760
"Pathies," 312
Pathogenesis of Yolotxochitl. By I. Talavera, M.D., . . . 529
Pathology of Cholera Infantum. By John C. Morgan, M.D., . . 582
Pathology of Malarial Fevers, ... 49
Pelletiericum Tannicum in Tapeworm, ... 637
Pennsylvania Allopaths and the Code, ... 384
Pennsylvania, Homœopathic Medical Society of, . . 310, 559, 628
Pennsylvania State Society's Transactions, ... 761
Peppermint Oil in Herpes Zoster, ... 699
Peptones, Enemata of, ... 249
Periosteal Preservation, ... 446
Peritonitis from Suppressed Menses. By E. W. South, M.D., . . 25
Permanence of Scarlatinous Virus, ... 572
Personal Mention, ... 384
Philadelphia Graduates in Minnesota, ... 671
Philadelphia, Homœopathic Library of, ... 127
Physiology of Language, ... 573
Pink-eye, ... 496
Pitcairn, Hugh, M.D., Intermittent Fever Cases, ... 38
Pittsburgh Microscopical Society, ... 504

PAGE

Pittsburgh, The New Hospital at, ... 670
Plain Talks on Avoided Subjects, ... 495
Position during Defecation. By J. S. Skeels, M.D., ... 161
Post-graduate School, A, ... 761
Post-mortem Clubs, ... 630
Powdered Boracic Acid in Chronic Suppurative Inflammation of the Middle Ear. By Clarence Bartlett, M.D., ... 722
Powerful Argument against Homœopathy, ... 629
Preparing for the Campaign, ... 762
Preservation of Food, ... 698
Preservation of Urine, ... 188
President Garfield's Surgical Treatment, ... 497
Preventing Conception, ... 629
Prize Essay on Hydrophobia, ... 763
Prizes for Drug Provings, ... 640
Pro Bono Publico, ... 638
Professional Plagiarism, ... 221
Professors Appointed, ... 639
Prof. Billroth, ... 51
Prof. Dowling, ... 318
Prof. Joseph Pancoast, ... 252
Prof. Korndœrfer, ... 189
Prof. S. D. Gross, ... 251
Prof. W. C. Richardson, ... 638
Progress of the Revolution, ... 189
Prolapsus Uteri, ... 487
Prolonged Anæsthesia, ... 249
Pronunciation of the Names of Drugs, ... 564
Prosopalgia from Entanglement of Nerve Filament. By E. B. Nash, M.D. Reply, by F. F. Laird, M.D., ... 617
Prosopalgia, Hypericum in. By F. F. Laird, M.D., ... 543
Protection for Inebriates, ... 691
Pseudo-Colic, or Local Spasm in a Metal Worker. By John C. Morgan, M.D., ... 42
Puerperal Annoyances, ... 63
Puffing as a Fine Art, ... 567
Pulmonary Catarrh, The Sputum in, ... 637
Pulte Medical College, ... 251
Punishing Discrimination against Medical Schools, ... 504
Pupillary Membrane, Vascular Remains of. By W. H. Winslow, M.D., ... 579
Rapid Lithotrity. By C. M. Thomas, M.D., ... 232
Rattlesnake Virus, ... 316
Rebuking Allopathic Exclusivism, ... 505
Recurrence of Laryngeal Hæmorrhage. By J. C. Morgan, M.D., . 41
"Regular" Ignorance, ... 447
Relation between the Vegetable and Animal Kingdoms, . . . 308
Remedies for the Dorsal Region. By F. F. Laird, M.D., . . . 449
Remittent and Intermittent Fevers, Complications of. By M. M. Walker, M.D., ... 91
Remittent Fevers, Treatment of. By Thomas Dunning, M.D., . . 96
Removal of the Uterus in Ovariotomy, ... 252
Removals, ... 128, 189, 701, 765
Renal Diseases, Dangers of Anæsthesia in, ... 571
Report of Fifteen Tracheotomies, with Remarks, ... 662
Responsibility of the Insane, ... 377
Restitution of Separated Pieces of Bone, ... 62

PAGE

Restraint and Narcotics in Insanity, ... 47
Retention of a Dead Fœtus, ... 310
Retirement of Surgeon-General Barnes, ... 496
Review of Dr. J. P. Dake's Paper, Our Materia Medica. By L. Morse, M.D., ... 282
Revolution, Progress of the, ... 189
Rheumatic Indications, Arctium Lappa, ... 758
Rheumatic Periostitis following Typhoid Fever. By W. K. Ingersoll, M.D., ... 348
Rhus Aromatica, ... 571
Rhus Tox. Poisoning, Sassafras in, ... 635
Ring, H., M.D., Infinitesimals, Their Physical Nature and Potency, 325
Room for Improvement, ... 377
Routh, Dr. G. E., ... 504
Salicylic Acid, ... 445, 502
Sanitary Influence of the Eucalyptus, ... 697
Sanitation, Oriental, ... 63
Sassafras in Rhus Tox. Poisoning, ... 635
Scarlatina and Sewer Gas, ... 381
Sciatica. By C. R. Norton, M.D., ... 216
Discussion on. By Clarence Bartlett, M.D., ... 219
Science and the Bible, ... 567
Scientific Gent., A, ... 119
Sea-sickness, ... 123
Glonoine in, ... 638
Seguin, E. C., M.D., ... 762
Self-purification of Drinking-water, ... 759
Separated Pieces of Bone, Restitution of, ... 62
Seventy-four Physicians, ... 51
Sewage Question, The. By B. W. James, M.D., ... 353
Sewerage System of Philadelphia, The, ... 443
Sewer Gases, How Rendered Innoxious. By J. Sperry Thomas, M.D., 359
Sewer Gas, Scarlatina and, ... 381
"Shingles," Cured and Uncured, ... 759
Siberian Plague, ... 638
Silly and Harmless, ... 377
Size of the Molecule, ... 629
Skeels, J. S., M.D., Position during Defecation, ... 161
Skin-grafting, Dangers of, ... 690
Small-pox as a Preventive of Small-pox, ... 571
Smedley, J. G., M.D., Diagnosis and Complications of Lacerated Cervix, 154
Soldiers' Conjunctivitis, ... 690
"Something Particular," 750
Soothing Syrup, ... 567
Soul, Professor Jaeger's Discovery of the, ... 181
South, E. W., M.D., Peritonitis from Suppressed Menses, . . . 25
Spasm of Sense, A, ... 51
Spermatic Cord, Cystic Tumor of. By W. A. Forster, M.D., . . 99
Spider's Web in Ague, ... 691
Sponges, The Care of, ... 250
Sputum in Pulmonary Catarrh, ... 637
State Medicine in Minnesota, ... 691
State Society, The, ... 567
Statistics: Homœopathy against Allopathy. 60
Stillwater, Minnesota, Homœopathic Hospital, ... 504
St. Louis College, The, ... 574
Student, ... 567

PAGE

Studies in Materia Medica. By E. A. Farrington, M.D., 1, 129, 193, 321, 385, 513, 705
Study of Anatomy in England, The, ... 573
Substitute for Obstetric Forceps, ... 445
Suggestion, A, ... 50
Sulphide of Calcium as an Anti-suppurative, ... 502
Suppressed Menses, Peritonitis from. By E. W. South, M.D., . 25
Surgeon-General, The, ... 504
Surgeon-General's Attitude towards the Medical Profession, . . 437
Surgical Outfits on Railroad Trains, ... 701
Survival of the Unfittest, ... 691
Swan, S., M.D., A Case of Carbuncle, ... 161
Swift, E. P., M.D., Professional Plagiarism, ... 221
Syringing the Ear, ... 445
Syringe *versus* the Swab, ... 622
Talavera, I., M.D., Pathogenesis of Yolotxochitl, ... 529
Tardy Acknowledgment, ... 182
Taylor, H. W., M.D., The Time of Trial, ... 167
Test-plates, The Latest Attainment in, ... 62
That Resolution, ... 684
The Assassin, ... 496
The Good Little Girl and the Bad Big Bear, ... 243
Then and Now, ... 119
The Old and the New, ... 46
The Oyster Industry, ... 181
The Pestered Man of Earth, ... 683
Thermometric Errors, ... 574
The Institute's Next Place of Meeting, ... 751
The Prolific Bacterium, ... 752
The Single Remedy, ... 752
The Therapeutic Touch, ... 311
The Time of Trial. By H. W. Taylor, M.D., ... 167
The Truths of Homœopathy. By E. W. Gosewisch, M.D., . . 520
The World's Great Libraries, ... 753
Thomas, C. M., M.D., Rapid Lithotrity, ... 232
Report of Fifteen Tracheotomies, with Remarks, 662
Thomas, J. Sperry, M.D., How are Sewer Gases to be Rendered Innoxious, ... 379
Thomas, T. Gaillard, M.D., ... 504
Thoughts on the Organon. By A. Korndœrfer, M.D., . . . 28
Three Exclusive Dogmas, ... 686
Thymic Acid as an Antiseptic, ... 760
Titles and Things, ... 626
Tracheotomies, History of Five, with Remarks. By W. C. Goodno, M.D., 668
Report of Fifteen, with Remarks. By C. M. Thomas, M.D., ... 662
Transactions of the London Homœopathic Convention, . . . 50
Treatment of Cholera Infantum, etc. By H. N. Guernsey, M.D., . 589
Treatment of Hæmorrhoids by Injections of Carbolic Acid, . . 635
Treatment of Intermittent Fever. By Charles Mohr, M.D., . . 203
Discussion on. By C. Bartlett, M.D., 205
Treatment of Intussusception, ... 698
Treatment of Remittent Fevers, ... 96
Trites, W. B., M.D., Chancre *versus* Chancroid, ... 671
Trituration Question, The, ... 638
Tubercular Diseases, Koch's Discoveries in the Etiology of, . . 382
Tuberculosis, Experimental Research on, ... 62
Tuller, M.B., M.D., Paralysis, ... 100

PAGE

Twenty Thousand Pounds of Quinine, ... 629
Two Cases from Practice. By J. B. Kniffin, M.D., ... 545
Two Methods, but one Object, ... 629
Typhoid Fever in Paris, ... 752
Typhoid Fever, Observations on 118 Consecutive Cases of. By W. J. Martin. M.D., ... 225
Unaccountable Ignorance, ... 627
University Education of Women in England, ... 254
University of Iowa, Homœopathic Department, ... 254
University of Michigan, ... 574
University of Pennsylvania, ... 119
Unpalatable Truth, ... 497
Unsavory Journalism, ... 688
Unseemly Discussion, An, ... 489
Urinary Sediments, ... 445
Use and Abuse of Specialties, ... 243
Uterine Tumors, The Ergotin Treatment of, ... 502
Vaginal Ovariotomy, ... 250
Vandenburg, Dr., ... 447
Van Lennep, W. B., M.D., The Allgemeine Krankenhaus, . . 556
Van Valzah, W. W., M.D., ... 764
Variola, ... 317
Vascular Remains of the Pupillary Membrane. By W. H. Winslow, M.D., ... 579
Veratria, ... 123
Vermont Homœopathic Medical Society. By C. A. Gale, M.D., . 639, 769
Versute Veritas. By W. H. Winslow, M.D., ... 557
Vienna Celebration in honor of Professor Billroth. By H. F. Ivins, M.D., ... 552
Vinegar, Mineral Acids in, ... 502
Vocal Bands, Functional Paralysis of the. By H. F. Ivins, M.D., . 468
Waiting for Elias, ... 496
Walker, M. M., M.D., Complications of Remittent and Intermittent Fevers, ... 91
Well Done, ... 504
Well-merited Honor, ... 497
Western Academy of Homœopathy, ... 251, 384
What's the Use? 496
Who Are the Quacks? 243
Who Introduced Nitro-Glycerine? 493
Wine Manufacture, ... 316
Winslow on "The Lycopodium Fallacy,"—Was the Paper Suppresssd? W. L. Breyfogle M.D., and W. H. Winslow, M.D., . . . 488
Winslow, W. H., M.D., Colorado Letter, ... 108
Iron in the Eyeball, ... 288
Knapp's Oculists' Chair, ... 481
The Impending Crisis, ... 429
The Lycopodium Fallacy, ... 402
The Lycopodium Fallacy Again, ... 616
Vascular Remains of the Pupillary Membrane, 579
Versute Veritas, ... 557
On "The Lycopodium Fallacy." Was the Paper Suppressed? 488
Work for the Bureau of Pharmacology, ... 690
Yellow Fever, ... 447, 574, 638, 700
Calomel in, ... 505
Yolotxochitl, Pathogenesis of. By I. Talavera, M.D., . . . 529

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THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, January, 1882. No. 1.

Original Department.

STUDIES IN MATERIA MEDICA.

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ANIMAL KINGDOM.

(Continued from page 711, vol. iii.)

MAMMALIA.

THE order of Ruminantia furnishes an article called MUSK, which is obtained from the moschus moschiferus or musk-deer. It is found in a sac just back of the umbilicus, and probably consists of a secretion from the preputial follicles.

The second word, "moschiferus," is a necessary qualification, since several of the musk-deer, as the Tragulus Javanicus and the Meminna Indica, are unprovided with the musk-bearing pouch.

So penetrating is the odor of this substance that it is with great difficulty removed from a room, even after extensive cleansing and alterations, as in one of the rooms occupied by Queen Elizabeth.

MOSCHUS is of some value in nervous affections, and also in several grave forms of disease. Injected into the veins of animals it has produced narcotism with muscular spasm, bloody stools, and finally death. Wood regards its action on man as feeble and uncertain, though he admits its clinical worth when the nervous system is exhausted, with accompanying restlessness, etc. Ringer regards it as ill-adapted on account of its sickening odor. Bartholow, Flint, Hammond, and Rosenthal do not use it (in hysteria). German writers, Jolly for instance, admit a temporary benefit from its use in hysteria. Like some American authorities they employ it more confidently in pneumonia and in spasmus glottidis. Trousseau, with characteristic conservatism, rejects the overdrawn lauda-

tions of older writers, and proceeds in his own unique fashion to define its accurate application to diseases.

In our own school, precise prescribing has had its influence in more clearly defining the powers of MUSK, and in thus limiting its action within reasonable bounds. The experiments of Joerg and Sunderlin, which Allen has seen fit to incorporate in the *Encyclopedia,* are considered by some to be contradictory. Still, they are not opposed to other provings obtained with potencies or by inhalation, and so are of value and deserve to be retained.

Homœopathically employed, MOSCHUS is of use in various affections when the nervous symptoms predominate. The disease, in consequence, does not follow its normal course, but remains uncured or develops serious symptoms, indicating nervous exhaustion. It is also sometimes called for in hysteria and hypochondriasis.

NERVOUS SYSTEM.—Excited as from alcohol; pulse full and more frequent; temperature slightly elevated; congestion to the brain. Raves, speaks rapidly and confusedly; scolds until lips are blue, face pale, and she falls unconscious. Anxiety, starts at any noise; anxious about death. Anxiety, with fainting. Faints, with coldness, pale face, full unconsciousness; hysteria. Delirium as from alcohol; sleeplessness; muscular twitching, ataxia. Face wears an expression of surprise. Convulsions, more tonic than clonic.

Hysteria, especially for the paroxysm, even if insensible. Cries one moment and bursts into uncontrollable laughter the next.

Accompaniments: Palpitation of the heart, as from anxious expectation. Nervous, busy, but weak, soon drops things. Tremulous nervousness. Fainting spells, with pale face and coldness. Sleepy during the day. Rush of blood to the head, with staring eyes. Dizzy, unsteadiness as of something rapidly moving up and down. Vertigo. Headaches and pains in back and limbs, which are expressed by a sensation of tension, stiffness, pressure or drawing. The muscles and skin are tightly drawn (tonic spasm). She frequently complains of nausea, and there is cramping about the navel, or a jerk-like clawing. Uneasiness in the legs, worse while she is sitting. Great tympanitis, with fainting. Copious watery urine. Spasmus glottidis. The menses are too early and too profuse, preceded by the tense, drawing sensations, and also a drawing and dragging towards the genitals. Sexual desire is increased, with local titillation.

THROAT AND LUNGS.—Sudden sensation in the upper part of the larynx, as if it closed upon the breath. A kind of cramp in the lung, beginning with an inclination to cough, gradually increasing and making him perfectly desperate. Suffocative constriction in the chest.

Related Remedies.—The most important hysterical symptoms of MUSK are: attacks even to fainting or unconsciousness; coldness of the surface; pale face; suffocative paroxysms; scolding until she falls unconscious.

Compare Castoreum, Nux mosch., Asafœtida, Ammoniac, Valerian, Ignatia, Magnesia muriatica.

CAMPHOR antidotes many of its symptoms, especially if unconsciousness and coldness are present.

CASTOREUM is derived from the preputial sacs of the beaver. Like MUSK it causes nervousness, twitching, and deranged menses. But it is more adapted to the nervous symptoms which precede fully developed hysteria. It suits women who suffer from irritable weakness, abdominal symptoms predominating.

Chargé, for example, employs it for women who, during convalescence from a prostrating disease, as typhoid fever, suffer from spasmodic affections, twitching of muscles, with extreme exhaustion. The want of nervous reaction, therefore, tends to unduly prolong convalescence, and CASTOREUM, by strengthening the nerves, hastens recovery.

Trousseau employs this remedy for nervous colics with pallor, cold sweat, and sudden loss of strength, caused by emotions, chilling the feet, etc. Also for amenorrhœa, with painful tympany; the menstrual blood, owing to uterine tenesmus, escapes only in drops. Teste agrees with him, in the main.

The provings develop a train of symptoms quite consistent with these clinical effects. The woman is nervous, apprehensive, and sad, growing fitful during the menses. Tearing pains, better from pressure or rubbing. Tearing pressure in different parts during menses.

Abdomen distended with flatulence; dragging in the groins, inclination to stool during menses. Cutting about the navel.

Stools of bloody mucus; or of whitish water, with burning in the anus. Green mucous stools, which seem to burn one. Cutting colic before stool; better from pressure or bending double.

A Spanish physician has confirmed the modality of CASTOREUM, relief of pains from pressure. And we may profit from French and Spanish authorities in their treatment of nervous

affections, since from national peculiarities they have ample opportunities to treat such cases.

The similarities between MUSK and CASTOREUM are rather in the kind of affections in which they are indicated than in special symptoms. Still, Trousseau places them together in nervous attacks, when the aura starts from the abdominal viscera. But only the MUSK has clearly developed hysterical attacks, with pulmonary and laryngeal spasms and unconsciousness.

And we may say, in passing, only CASTOREUM has cured watery or green mucous stools in delicate, nervous children, who weaken under summer heat or during dentition, and who will not rally under the usual remedies.

NUX MOSCHATA exerts a very novel influence upon the mind. The state varies from a bewilderment, in which the surroundings are strange, dreamy, or fanciful, to a condition of absent-mindedness, sleepiness, and finally deep stupor, with loss of motion and sensation.

Mental states may alternate. At one time she laughs as if everything partook of the ludicrous. She jests even about serious subjects. Suddenly her mood changes to sadness, with weeping and loud crying; or her expression grows stupid, all ideas vanish, and she appears as if overwhelmed with sleep.

There are, likewise, errors of perception; a momentary unconsciousness she regards as having been of long duration. Her hands look too large. Objects gradually diminish in size as she looks at them steadily.

The bodily functions come under the same influence; great weakness and bruised feeling of small of back and legs; knees feel as after a long journey; prostration; tendency to faint; oppressed breathing, rush of blood to the heart, skin cold and dry. So relaxed that pulse and breath are scarcely discernible. Head drops forward, the chin resting on the breast. Head rolls about as if bulky.

Bowels enormously distended with wind, as from weak digestion. Even soft stools are evacuated with difficulty.

It is this mental and bodily atony which has led to the excellent cures made with NUX MOSCHATA, not only in hysterical weakness, but in typhoid and cholera infantum.

The hystero-spasmodic symptoms of the drug are intimately commingled with the above symptoms; head jerked forward; jaws clenched; heart as if grasped; sudden oppression of the heart, with choking sensation; tonic, followed by clonic spasm; unconsciousness or fainting.

Accompaniments are: great dryness of the mouth and throat, which, with her tendency to magnify, she complains of extremely. The least emotional excitement renews the symptoms, increases the distension of the abdomen, etc. Skin dry and cool, no disposition to sweat. Palpitation of the heart; pulse and heart-beat changeable.

VALERIANA is so abused as an antispasmodic that homœopathicians are too apt to neglect it. But it occupies its definite place in the treatment of hysteria, differing from MUSK, Asafœtida, and all other "nervines." It is not so much adapted to hysterical spasms, with unconsciousness, like the drugs already considered, as it is to a general state of nervous and vascular excitement. Both mind and body are in a condition of irritation. The patient is lively, joyous, talking rapidly, with rapid chasing of thought after thought. Sometimes she imagines she is beset with dangers, or surrounding objects seem strange. She suffers from headache, giddiness, and restlessness. Her muscular organism is so irritated that she cannot keep quiet, she *must* move. The same state influences her pains. The provings show twinging, drawing, cramp-like, stinging, or darting-tearing pains, all worse when she sits and better when she walks. The circulation, too, is excited; her head feels full to bursting; constant heat and uneasiness; dry heat in the evening while sitting, flushes of heat.

She is wide awake and restless all night, falling into a dreamy sleep towards morning.

Digestion is disturbed. Before dinner she has a taste as of fetid tallow, while early in the morning, on awaking, the taste is flat, slimy. Nausea, as if a thread was hanging in the throat, arising from the region of the umbilicus, and gradually rising to the fauces. Bloated abdomen.

From the order of Umbelliferae we derive two gums, which have been many times used in nervous affections. We refer to Gum ammoniac, and, especially, to ASAFŒTIDA.

The latter acts most prominently upon the abdominal ganglia, and thence upon the whole nervous system. Its most characteristic effects are as follows: reversing of the peristaltic action in the bowels, stomach, and particularly up to the throat; eructations rancid, with profuse saliva, greasy taste. Head feels dull, compressed. Burning in the stomach and œsophagus. Enormous meteorism of the stomach. Stools papescent, brown, offensive. Spasmodic tightness of the chest, as if the lungs could not be fully expanded; oppression to an agonizing degree. Heart congested and distended, with small

pulse. Drawing, tightness, here and there; pulse small, contracted, with shivering in the lumbar region. Pressure in various places, usually from within to without. Cutting, labor-like distress in the region of the uterus. Urine brown, of pungent odor. Later, as the patient weakens, there are malaise, yawning, shuddering from time to time, vertigo, and vanishing of sight; cold sweat.

Clinically, it has been determined that ASAFŒTIDA is suited to the nervous, when their condition is the direct sequel of the checking of habitual discharges, such as the external healing of running ulcers, sudden suppression of a diarrhœa, etc. Also after abuse of mercury, when not only is the patient nervous, but there are likewise affections of the bones and periosteum, such as caries. There are extreme sensitiveness in the region of the carious ulcer, and severe pains at night.

Women are sometimes helped by ASAFŒTIDA when an habitual expectoration is checked and hysterical symptoms, together with oppression of the chest, follow.

Here the drug displays a family resemblance to Ammoniac, which has frequently been given for such a condition of the lungs.

MUSK and ASAFŒTIDA agree in producing globus hystericus, spasm of the chest, and palpitation. The former is best adapted to a full-fledged hysteric spasm, with fainting or unconsciousness. The latter has more offensive discharges, and the globus is part of an extensive reverse peristalsis. Fainting is not noted (except in one case, when the intensity of the pain caused it). Tympany is also well marked.

MAGNESIA MURIATICA resembles the last remedy and also MUSK. Like other magnesia preparations it affects the stomach and bowels and the nervous system. Thus the Carbonate and phosphate are indicated in neuralgia, especially in cases subject to repeated attacks by reason of nervous debility. The MURIATE, however, has been proved to be eminently useful in hysteria. We observe prominent abdominal symptoms. Nausea, with accumulation of water in the mouth; liver enlarged, tongue large, flabby, and yellow; she must hurry to stool, which is crumbly, as if burnt. And, as if to show a combination of abdominal and nervous symptoms, there are rumbling in the abdomen, with dragging, griping, cutting; tension, and then pains, as if the bowels were cut to pieces; rising into the throat like a ball, almost taking her breath; relieved by eructations.

Flatus therefore collects in the stomach and abdomen, causing reflex spasmodic symptoms through irritated nerves.

This is still further confirmed by the following: Attack of faintness during dinner, anxious with nausea and pale face, trembling of the body, *relieved by eructations.* Or, again, sudden heaviness on the chest during dinner, nausea, water in the mouth; heat mounted to the face; seemed as if eructations or vomiting would relieve her.

Illusions of fancy have been observed. Very important is the headache; griping and raging in both temples, feels as if would become dizzy, and loss of consciousness, disappearing on pressing the head with both hands. Headache relieved by wrapping up the head.

The menstrual flow is black, clotted, with pains in the back while walking and in the thighs when sitting. Uterine spasms, with tension in the groins (Hale thinks in the broad ligaments); cutting in the lower abdomen; stitches in the groin; pressive sensation in the lower abdomen during menses. Cramps in the abdomen, with pressure upon rectum and genitals.

Palpitation of the heart, not as in MUSK, "as from anxious expectation;" but, nevertheless, non-organic, for it comes on while sitting and on rising from a seat, disappearing on moving about. This has been several times confirmed.

Briefly, by way of summary: MOSCHUS, excited, scolding, fainting; coldness; spasms of glottis and lungs.

CASTOREUM, exhausted, pains better from pressure; menstrual colic with pallor and cold sweat.

NUX MOSCHATA, errors of perception, drowsy; faints; enormous tympany; oppression of heart to throat; skin dry, cool.

VALERIANA, nerves irritated, cannot keep still; tearings, cramps, better when moving; taste of tallow or slimy.

ASAFŒTIDA, reverse peristalsis, rancid eructations, offensive flatus; tightness of the chest; checked discharges.

MAGNESIA MURIATICA, faints at dinner, relief from eructations; head better from pressure and wrapping up; palpitation better on moving about; stools crumble.

MOSCHUS has been employed by allopathic physicians, when, in the course of pneumonia, a purely nervous delirium obtains. The brain is violently excited, patient talks nonsense with furious vivacity. (Trousseau.)

We need remedies for just such cases, remedies which will

calm the irritable weak nerves, and permit the disease to proceed in its normal course.

The following may prove beneficial in diseases embarrassed by a condition of non-reaction from irritable weakness: Musk, *Ambra grisea*, Asafœtida, Valeriana, *Castoreum*, *Coffea*, *Scutellaria*, *Cypripedium*, Coca, Zinc ox., China, *Camphor*, Agaricus, Tarent., etc.

LYCOPODIUM AND BERBERIS IN CHRONIC DIARRHŒA.

BY W. T. LAIRD, M.D., AUGUSTA, ME.

November 5th, 1874, was called to see Ella W., æt. two and one-half years. During the first year of her life she had been perfectly healthy, with the exception of the ordinary ailments of infancy. At the beginning of the second year she was vaccinated with humanized virus, and soon afterward large sores broke out all over the body. These proving intractable to all internal (allopathic) medication, powerful ointments and astringent washes were used, and under the influence of these local applications the skin finally healed, and after six months' treatment the child partially regained her former flesh and strength. The disappearance of the cutaneous trouble, however, was immediately followed by a diarrhœa, which had now continued more than a year, although the family had, meanwhile, changed physicians five times! She had, daily, four to six painless, yellow, watery, undigested stools, having an extremely fetid odor, and accompanied with much flatus. The abdomen was bloated; there was considerable scalp-sweat during sleep, and the child was cross and peevish. Calc. c. 2^c, a dose night and morning for a week, improved the general condition, but had no effect upon the diarrhœa. Sulph. 2^c was given in the same manner for another week with negative results. A careful review of the case elicited the following additional symptoms: *she seems very hungry,—can scarcely wait for a meal, but a few mouthfuls satisfy her; much rumbling of flatus with colicky pains, late in the afternoon and early in the evening.* ℞. Lyc. 2^c in water, a teaspoonful, morning, noon, and night. On the third day after commencing this remedy the old sores reappeared on the skin, and the diarrhœa immediately ceased. Sac. lac. was now given with steady improvement for two weeks, when a slight return of the loose stools called for another dose of Lyc. 2^c. This was followed by the same phenomena as at first,—almost instant relief of

the diarrhœa,—and another crop of sores. No more medicine was given. The bowels moved naturally every day, the skin gradually became healthy, and the case was dismissed cured in two months. There was no relapse during the five years the patient remained under observation.

J. S. M., æt. twenty-eight, applied for treatment May 21st, 1881. The following record of his symptoms is taken from my case-book:

"Has had diarrhœa for a year and a half. During the first nine months was under the care of Dr. ——, who prescribed various remedies with only partial benefit. Spent the winter in the South. Soon after his arrival he was so much worse that he called an old-school physician, who gave him a mixture of Iron and Quinine, which checked the diarrhœa, but did not cure it. He continued the use of this medicine during his trip, and has also taken it occasionally since his return. He now has from two to six painless, watery, clay-colored, offensive stools per diem, preceded by pain about the navel, and accompanied with emission of fetid flatus; occasionally has involuntary stools during sleep,—but, as a rule, the diarrhœa begins in the morning after rising, and ceases by night. Exercise of any kind—standing, riding, walking, or even long-continued conversation—causes a decided aggravation. Complexion sallow; this is especially marked when the stools are few in number, and partially disappears as they increase in frequency. Weak, gone feeling in stomach and abdomen; worse by exercise or talking. *Soreness and tenderness of the renal region, aggravated by the least jar or pressure; tearing pains in the back, extending down the ureters, and shooting into the hips.* Sleep restless, disturbed by dreams. Feeling of weakness and general *malaise.*"

It was impossible to cover the totality of the symptoms with a single remedy. His previous physician, a careful and accurate prescriber, had undoubtedly given him every drug which could possibly be indicated by the character and conditions of the stools. It was evident, however, that no curative effect could be expected from the remedies usually resorted to in chronic diarrhœa, for none of them corresponded to the italicized concomitant symptoms which were characteristic of this case. These were accurately covered by *Berberis;* and although neither the provings nor clinical experience would lead us to think highly of this drug in diseases of the bowels, the resemblance was so close in other respects that I did not hesitate to prescribe it. *Berberis* 2° was given, with directions to take a

dose night and morning, and to omit the medicine as soon as there was decided improvement.

Two months later the patient reported that all the symptoms disappeared within a week, and that he had been perfectly well ever since.

ETIOLOGY AND PATHOLOGY OF MALARIAL FEVERS.

BY JOHN C. MORGAN, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

THE subject of these papers divides itself into four parts:

1. What is fever?
2. What is malaria?
3. What is the connection between these two?
4. What is the natural history of malarial fevers?

1. THE NATURE OF FEVER.

What is fever? The medical ages have all wrestled with this question. Indeed, as a modern teacher has said: "Whoso knows *fever* knows all disease!"

The most ancient and the most modern answers agree, viz.: The essence of fever is *heat.* The ancients could not prove this, in default of the thermometer; the moderns not only prove it, but measure it, with this instrument.

In a limited, but logical sense, all life is a fever, since a considerable temperature of the body is essential to life, and there is more than poetry in the words: "Life's fitful fever;" fitful, indeed, or periodical, it always is, in that the normal, or physiological temperature, varies with definite periods of the day and night. On this last fact is based even a system of medicine of our own day, viz.: the "Chrono-thermal system" of Dr. Dickson, of London, which holds *all disease* to be but intermittent fever. All life, however, is likewise such.

The *physiological reasons* for temperature-fluctuations are to be sought in two directions, viz.: in heat-production, and in heat-loss, both being *constant processes.* The first is the resultant of, mainly, the nutritive chemistry of the body, which, in inflammations and fevers, is exaggerated. It consists in both health and disease, of "progressive" and "retrogressive" metamorphoses, *i. e.*, multiplication of new cells, and degeneration and destruction of old ones. The latter is attended with combustion, or oxidation processes, and formation of the nitrogenous ash, *urea;* and this is duly eliminated by the kid-

neys, along with potash-salts (according to Salkowski), and coloring matters, etc. The weight of the first-named, as daily excreted, is commonly regarded as a definite index of the amount of retrogressive metamorphosis, and oxidation. *Per contra, vide* Wagner, page 639. The other excretions signify the same. The *progressive* metamorphosis is rather to be measured, clinically, by the enlargement of the affected organs, and by all other evidences of cell-multiplication. Examination of the hypertrophied surface of mucous membranes by the naked eye, as of the sordid mouth and "coated" tongue; microscopic inspection of renal cells in the urine; physical exploration of the enlarged liver and spleen by palpation and percussion; of the lung, by percussion and auscultation; these furnish the evidence of (inflammatory, or excessive) progressive metamorphosis, and, at the same time, of the accompanying hyperæmia. Concomitant to these, in most cases, is *pyrexia*, more or less, *i. e.*, rise of body-heat. This, again, is a measure of the progressive metamorphosis, and of the combustion, or oxidation-processes combined. In the order of these events, we assign the primary and fundamental place to the cell-metamorphoses, and consider the oxidation as dependent, or secondary thereto. The former, therefore, initiates the rise of body-heat; the latter maintains and increases it. It must be said, however, that according to some observations this *order* might seem to be *reversed*. These are the proximate facts or events of fever; but behind these are the functions of the nervous system, particularly the trophic (tissue-formative), and the vaso-motor—rather, the cardio-vaso-motor. Coupled with these, according to various observers, is a certain calorific or heat-producing function located in the region of the upper part of the pons varolii, whose forces may be directly converted into heat, or into trophic action on tissues, or into oxidizing stimulus, so that in any or all these ways heat results. Lastly, all these functions are subject to resistance from the polarity and activity of other and connected nerves and their centres; this resistance is called *inhibition*. This may be wholly due to such associated nervous polarity; or, in reduction of heat, to the functional excitement of secretory organs, as of the sweat-glands, kidneys, etc., or to both. Or, again, the secretory nerves may suffer inhibition during the fever, and the organic product be thus dried up—to be restored, as soon as the glandular inhibitory nerves cease to be abnormally excited. In either case, renewed secretion is evidence of amelioration of the nerve-tensions and other processes of fever, as it is also a positive means of eliminating excessive heat.

In proof of this relation of the nervous system to rise and fall of body-heat, we adduce the fact that severance of the brain and pons from the medulla, or injury of the cord itself, is followed by rise of temperature. The brain is credited with anti-calorific inhibition; hence, perhaps, its separation *permits*, untrammelled, the peripheral heatmaking processes, and so also does the lesion of the conducting spinal cord, and hence the rise of body-heat. Besides this, however, the pons or its vicinity has appeared, in experiments (H. C. Wood), to possess a direct heat-producing function, not improbably by trophic or formative influence on cells and tissues, or by oxidizing stimulus, or both; or by direct conversion of nerve-force into heat, as already mentioned.

In short, the functions of the nervous system are inseparably connected with fever.

Two other familiar instances of the same fact are furnished by the "status epilepticus," and by the febrile form of the death-agony, in both of which the inhibitory action of the brain being, as we suppose, in abeyance, the heat-making forces run riot, as it were, and an enormous rise of temperature results—("hyperpyrexia"). Thus we see that no theory of fever can be admitted, which excludes the positive agency of the nervous system, and in this we must include the brain, the pons, the medulla, the cord, the nerves in general, and the great sympathetic. These must vary in their influence in every individual case, and in treatment, therefore, *varying symptoms* must not be overlooked.

Fever, *i. e.*, heat-production, does, indeed, present a *local*, as well as a general, pathology. Any and every organ may participate with tissue-changes. The subdiaphragmatic organs in particular (stomach, pancreas, liver, spleen and kidneys), and even the mouth and pharynx, the skin and the "blood-tissue" itself, are known to be the common localities of the febrile process and lesions; and in obscure, or tedious, or difficult malarial cases, this ought to be held in *constant view;* and from these anatomical facts, as premises, certain therapeutic inferences, otherwise imperceptible, will be positively recognized. All the other organs are likewise to be considered.

Waldeyer says (see Wagner's *General Pathology*, page 642) that "in all acute febrile diseases lymphoid corpuscles are largely deposited in various organs and tissues, especially the liver, spleen, kidneys, etc., in certain mucous membranes, and also in the external skin;" they are reabsorbed afterwards. Wagner states that catarrh, buccal, pharyngeal, gastric, etc., is universal in all fevers (page 635), and the German patholo-

gists agree that the specific fevers, or "acute infectious diseases," in which they include the malarial, typhoid, and relapsing fevers, are attended with "parenchymatous inflammation" of these various organs and tissues (*vide* Mosler, Friedrich, Frerichs, etc.).

The term "parenchymatous inflammation" applies to the changes occurring in the cells which perform organic functions, *i. e.*, the functional cells of each organ, nervous, muscular, dermal, etc., as contradistinguished from "interstitial inflammation," whose changes occur in the cells and fibres of the connective-tissue framework, and probably also of the "intima," or innermost coat of the small vessels. The usual tendency of the former is to fatty or some other form of soft degeneration; the latter rather terminates in the hard forms,—sclerosis, or cirrhosis; or else necrosis. The organic and symptomatic consequences of each form the major part of special pathology.

The former prevails in fevers, but long continuance, frequent repetition, or drug-abuse of these, involve the latter also. Hence, acute fevers are characterized by predominant parenchymatous inflammations; prolonged cases, by interstitial inflammation also, as in "ague-cake," and particularly after the East Indian remittents, which often superinduce chronic cirrhosis of the liver. Still, the febrile lesion-type is "parenchymatous inflammation." In this regard, specific fevers stand very close to certain ordinary inflammations. If this view shall not even sustain Dr. Dickson in asserting that all disease is intermittent fever, it may yet serve to show that all intermittent (and other malarial) fevers consist of or are based upon some form of inflammation, and it will be our duty to inquire as to *what* form or forms. So much then for "heat-production." (See Wagner's *General Pathology*, loc. cit.)

"Heat-loss," like its production, is constant during life, owing, as already suggested, to the ordinary physical causes, aided by nerve-regulation, as radiation, evaporation, etc., with such physiological causes, also under nervous control, as secretion of sweat, of urine, etc., and the pulmonary respiration.

In normal states of the body, the balance of heat-production and heat-loss is regularly maintained, near the mean, about 98.4° F. Deviations from this standard imply one of three events. viz.: change of the rate of heat-production, change of the rate of heat-loss, or a combination of both these; this, as to the whole body; but local variations, small in dimensions, or widespread, are found, as when the hands alone are cold or

hot; or as when the whole external surface is hot or cold, with the contrary state internally. Just here let it be noted that each and all of these variations may embody the keynote for use of a certain drug, or of a group of similar drugs, in non-malarial, as well as in malarial cases.

These three proximate causes of temperature change apply to both. The underlying reasons for such changes are, as we have seen, quite complex; and here we must weigh every known cause of each of the three, such as the calibre of the bloodvessels, *tissue metamorphosis*, muscular agitation, chemical changes, quantity of secretions, drinks, baths, artificial or atmospheric heat, etc., all of which have well-known influence on temperature, plus and minus, and affect variously every stage of fever. No one of these can be safely ignored.

There are, growing out of the nature of the chill-stage, two grand divisions of these phenomena, viz.: 1st. Those where the temperature changes are absolutely plus, throughout both stages, chill as well as heat; and 2d. Those where there is, in the chill, an absolute reduction of the total heat of the body; sometimes without reaction, thus ending in collapse. The former is the type of the common malarial fevers, the latter is the type of the malignant, or pernicious fevers, as it is of the coldness of drowning or surgical shock, of extensive burns, and of cholera, all of which, *may*, however, be followed by a typhoid, congestive grade of reaction, with elevated temperature. Cardio-vaso-motor paralysis, with general venous congestion, is the typical state.

In ordinary malarial fevers, *the chill* is often the prominent feature which first strikes attention—not, however, without important exceptions; for it is quite commonly complained of at first, as a mere *headache*, which the experienced practitioner immediately interprets as a genuine, incipient fever, the slight rise of temperature also proving it.

The Chill is characteristically a vaso-motor spasm (implicating other muscular tissues, however,) (Wagner,) and from this fact we take our departure; for every ordinary fever, symptomatic and malarial, begins with conditions, sensible or insensible, of this nature; although at times so trivial and brief as to escape superficial notice, or so masked (as in convulsions ushering in scarlatina), as to divert the attention even of the skilled pathologist. True intermittent fever, particularly in children, often thus misleads the unwary at first—which is unfortunate, since four doses of *Gelsemium*, high, almost always cure such fresh cases promptly. Cold feet and hands or creeping

chilliness in the back, *i. e.* vaso-motor spasm, can usually be verified, on close inquiry, as the incipient symptom, and this tells the whole story up to the point of reaction, or sensible heat, which also requires only a little care to detect it in these numerous obscure cases. At the same time, but only by like care, incipient local lesions can be found, sufficient to account for the systemic agitation. As already indicated, these lesions are of the nature of "parenchymatous inflammation," as understood by the German pathologists, consisting essentially of hyperæmia, with swelling of the organ or organs involved; with "cloudy swelling," and multiplication of their functional cells, as viewed microscopically; of albuminous infiltration, and migration of white blood-globules and deposit; or, according to Beale, multiplication of bioplasm. In the beginning of malarial fever this is of a very mild grade, and not widely diffused. At this point only malaise is felt, and diagnostic errors are very common. Directly after this the morbid process becomes extensively diffused, "generalized," but still mild. Still later, with the same diffusion, helped on by the hot blood of the fever, particular organs (probably those longest affected) undergo more or less marked tissue-alterations, as the stomach, liver, spleen, pancreas, and blood; for we regard this last as a *tissue*, with characteristic cellular lesions, in fevers, and sometimes severe local disease appears. Later still, interstitial inflammation sets in during the organ-enlargement, and gradually sclerosis, as in ague-cake of the spleen. Sometimes, as in hepatic cirrhosis, *contraction* follows this. Thus, we have cases of three grades, pathologically, viz.: the *generalized*, the *semi-localized*, and the *localized*. These pathological considerations are, I think, of the greatest importance to a just view of malarial fevers, and of the homœopathic method of treating them, as distinguished from the undiscriminating and unscientific use of the so-called "antiperiodics."

In all active kinds of chills a common pathological fact obtains, whether these be malarial, inflammatory, suppurative, or pyæmic, viz.: rise of body-heat. Besides, the multiplication and migration of white blood-globules into the tissues appears to constitute, in all alike, a probable cause of nerve irritation and reflex spasm of vessels, etc. Or, if it be preferred, we may, with Dr. Lionel Beale, say that the "bioplasm" non-cellular (as well as formed cells) is multiplied in the small vessels and in the tissues. In either form such a process is normal in itself; only now it is abnormally plus, along with increased body-heat and general oxidation, and with a like de-

struction of the multiplied bioplasm, globules, and inflamed parenchymatous cells of the various organs ("parenchymatous degeneration"), as the malady proceeds. Multiplied bioplasm or cells, in the tissues, may be credited with increasing their nervous sensibility, at least; then, malaise, and chilly feelings from trivial causes; then, reflex spasm "chill" occurs, sometimes extending to further reflex effects on the voluntary muscles, with shaking, chattering of teeth, cramps, etc., and withal a rise of temperature, augmented urea-elimination, and excretion of pigment, and of the potash salts as the heat rises.

Virchow, on fever, corroborates the essential points here given. He says it is caused by excessive tissue-metamorphosis, this being due, however, according to him, to an abnormal "tension-condition" of the ganglionic nerve-centres. Thus, for Virchow, the nerve-irritation is primary, and the tissue-changes secondary. More probably, both simultaneously, *pari passu*, or else by alternate advances.

Finally, Dr. Allbutt compares intermittent fever to epilepsy, as a periodic *discharge of tension*, with *disengagement of heat*.*

This further agrees with one of our main points, viz.: that the nerve-centres are roused to reflex action (ganglionic, vaso-motor system), with vascular spasm, and muscular agitation, from implication of the cerebro-spinal nerves, also adding, that nerve force is perhaps directly converted into heat. Wagner also agrees that the typical chill consists in reflex spasm of the arteries. We have seen, however, and shall further take notice, that chill and decrease of animal heat are by no means synonymous. Locally, in the sphere of the contracted blood-vessels, the temperature indeed falls, but as to the whole body, it really rises during this stage.

The *punctum saliens* of this reflected nerve-irritation is located, of course, in this or that organ or tissue, and it may, therefore, be duly traced by a proper study of the *nerves where the chill begins*, and of the nerve-origins and distributions, and the internal inflammatory localizations involved, along with the *consequent* sensory, motory, and vaso-motor sympathies, and this, not with exclusive reference to the cerebro-spinal nervous system, but as well to the little understood and much neglected great sympathetic system of ganglionic nerves. This *minute diagnosis*, if also made in the sphere of drug-provings, instantly indicates the similimum.

Such vascular spasm in external chills is productive, at first,

* See Hartshorne's *Essentials*, pages 26, 27.

of merely an uneven distribution of the warm blood, and immediately thereupon the internal heat increases, of course, as proved by De Haen's observations (1760), and by Ringer's more recent experiments, which may easily be verified by the axillary thermometer. And not only so, but general heat decrease is positively prevented by this vascular contraction at the surface of the body, by arrest of both radiation and perspiration, that is, until the reaction sets in, and the skin becomes proportionately superheated, and not until then can the organism begin to relieve itself of an otherwise dangerous accumulation of heat by these channels. Heat is the "noxious agent," which, retained, must speedily kill, and fever, open and sthenic, is the surest evidence to the physician that this noxious agent is being eliminated. Stahl and Sydenham and their many disciples have, therefore, been not so far wrong in their "deep medical philosophy," as Wunderlich's sarcasm might cause us to believe. They recognized fever, indeed, as a salutary effort of the organism to throw off its burden; but they meant fever as a complex, physiological process, and not "fever" in Wunderlich's restricted sense, that is, *not a mere heat*, per se, but heat first formed to avert collapse, and then brought to the eliminating surfaces by the vital reactions, that any excess may be expelled, an essentially conservative state of things, as the absence of it proves by leading to collapse. Hyperpyrexia, fatal as it is, owes its destructive power to the failure of heat-expulsion, and here extremes meet, for we again find collapse from the very excess of a good thing. Ordinary fever, then, is really, *on the whole*, conservative, but mere calorification, if this alone be called fever, is not the same thing. Even the chill itself, which *seemed* merely to cause the necessity for the febrile vital effort, is but *part of that effort*, since the heat had already insidiously, in the primary conservatism, begun to increase, owing to the injurious agent attacking the organs suffering vital resistance, which is really the causative of tissue-metamorphosis, the primary calorification and the vascular spasm of the chill being regarded as but the reflex result of the tissue-*irritation* attending the metamorphosis.

In the typical chill-stage or state, then, the heat-production is only locally lessened, *i. e.*, only in those parts which suffer vascular spasm, with local anæmia, the remainder of the body being in the state known as "compensating hyperæmia," with elevation of temperature. Mere cold feelings and chilliness do but express this *loss of equal distribution of the heat*. The symptom is strongly marked, not only in acute, but in chronic diseases.

Muscular agitation during the chill, such as shaking, chattering of the teeth, cramps, and the like, are, furthermore, direct sources of *heat-increase*, and the worst cases of algid pernicious chill are destitute of these symptoms. The choleraic form is intermediate. Such cases are common enough among persons long subject to heat-losses from any cause, and among those who are suddenly and severely taxed by exposure, by shock, etc., whereby occurs a paralysis of tissue-metamorphosis, and simultaneously of the cardio-vaso-motor apparatus. A violent, demonstrative chill, then, like a violent open fever, is not of the nature of collapse of destruction, but of vital resistance to the mere physical laws which rule in collapse. Persons already weak of heart and of nutrition may fail to resist even an ordinary attack,—which then, secondarily, *degenerates* into collapse. *Gravity of symptoms here, as elsewhere, is not to be spoken of as the intense operation of a morbid entity in the body, but rather as the inert obedience of a non-vital organism to merely physical laws; not as due to the objective energy of "disease," so-called, but to the subjective want of energy of the vitality.* Hence, violent therapeutics become palpably absurd in that the "vitality" (or rather non-vitality) is thereby still further taxed and exhausted.

Malarial fevers, under these various depressing conditions, do tend to collapse, with passive venous congestion of all organs; such are the cases known as "congestive" or "pernicious," and they are often fatal. In the hyperpyrexial form animal heat is absolutely plus, and the wet-sheet pack is often indispensable. In the algid form animal heat is absolutely minus, and artificial heat is here equally indispensable, its remaining indication being the cure of the paralysis of the heart, and of the heat-producing and the vaso-motor functions, hoping for, and aiming primarily at, heat-production, even if need be, to fever-reaction, in the way of cure, and not forgetting that this will probably be of typhoid type, and require corresponding after-treatment.

Apart, then, from the pernicious or congestive form, a febrile chill is, however paradoxical it might once have seemed, strictly a part of the fever itself, since the rise of temperature, beginning some time before it, continues steadily throughout it into the hot stage.

Simultaneously with this temperature-rise, and from its earliest moments, Ringer found exaggerated elimination of *urea*, the ash of the albuminous tissue-conflagration. Thereby we are certified that, as already affirmed, oxidation is likewise in-

creased. The same conditions continue through the hot stage and into the sweat, and, as heat-loss increases, these phenomena subside.

Now the rise of heat, the oxidation, the tissue-change, and the urea elimination proceed, as a rule, with equal steps. At the same time evidences of extensive organ hyperæmia are not wanting; moreover, a widely-spread exhibit of organ irritation prevails, at first moderately, later more severely, and close observation and study on the part of the German pathologists have, at this point, revealed the fact that heat is itself, even in moderate doses, a powerful irritant, and that both albuminous and white-globular or bioplastic infiltration of the tissues, and likewise inflammatory multiplication of their functional cells, *i. e.*, the so-called "parenchymatous inflammation," affecting the liver, spleen, pancreas, intestinal canal, muscles, and skin (*vide* Wagner, Mosler, Friedreich, Frerichs, etc.), can be diffused by it. So is that attack on a limited region transformed into a general disease.

To state the case in other words, the organ cells of certain parts rapidly undergo primary irritation, with progressive and retrogressive metamorphosis, both attended with rise of temperature, *i. e.*, *fever*, and this fever itself at least *develops* an anatomical extension of the lesions. There remains much doubt whether the heat really causes the parenchymatous changes, or is caused by them. (Pro and con, *vide* Wagner, *loc. cit.*) If the former, the nervous discharges must be held accountable for the heat-rise, by direct conversion of nerve-force into heat; the parenchymatous inflammation and the oxidation then follow. If the latter view be adopted, the nerve-force may be assigned to the production of metamorphic or trophic tissue-changes as the primary event, thus giving parenchymatous inflammation and oxidation the first place; this being *followed* by rise of heat.

Certain it is, that when *artificial heat* is externally applied to animals, the body-heat rises in consequence, and tissue-metamorphosis results. (Wagner, *loc. cit.*) Prof. H. C. Wood, in a series of experiments on living animals, has also established the fact that by artificially heating the *head*, fever is induced; and he further concludes that in or above the pons Varolii is localized a brain-function of heat-production. The vaso-motor centres of the medulla oblongata are not far from this fever-centre, and are to be counted in sympathy with it, both being usually (not invariably) in simultaneous irritation.

That tissue-metamorphosis and oxidation produce heat-in-

crease is also equally certain; so that febrile heat becomes a complex problem, which, however, we have sought to simplify.

"Progressive metamorphosis" and "retrogressive metamorphosis" occur simultaneously in fever; the former waxing with the preparoxysmal (prodromic) stage, and with the *rise* of the heat; remaining stationary at the acme of the same, and waning with its decline. The maximum of progressive metamorphosis in the inflamed cells must be placed before or at the time of maximum heat. This new formation is notably permanent, in view of the organic hypertrophies resulting simultaneously with the retrogression of other and distant tissues, and the consequent general emaciation.

The heat itself is now, aside from the conversion of nerve-force into caloric, traceable to two chemical sources, 1st, those of cellular inflammation, which are, we suppose, primary and fundamental; and 2d, the excessive oxidation processes of the body at large, secondarily induced by this primary cellular inflammatory heat, generated locally, and distributed by the blood. The apyrexia, perfect or not, marks a pause in the first, hence in all excessive heat-production, this even falling lower than the normal in many cases. The retrogressive increases gradually from the same beginning, but more rapidly; less in the localities of the fever-lesions proper and in the new formations than in the older tissue-elements of the whole body, even of the blood and of the bones.

The first local result of the parenchymatous inflammations of fevers is *cellular hypertrophy*. The maximum of the retrogressive metamorphoses occurs, of course, with cellular degeneration. It is reached at the time of greatest heat, and subsides with the same, *i. e.*, during perspiration or other defervescence.

Coincident with other primary cell-inflammations, hypertrophies, and oxidations are the similar direct changes, already mentioned, in the *cellular elements of the blood-tissue*, as well as simultaneously in the lymphatic and sanguific tissues from which they spring, and of which the *spleen* is the most conspicuous. The younger blood-cells (white and transition) also, according to Beale, young "bioplasm," not only in the other organs, but also in the bloodvessels and not yet formed as cells, undergo in fever, inflammatory increase; while the older (adult red) globules suffer oxidation, disintegration, retrogression; disappearing as ash in the form of potash-salts, coloring matters, etc., as do other tissue elements, and found in the same "sewers," *i. e.*, the urinary and other emunctories. Thus,

besides emaciation, occurs *anæmia* (of red cells) with *leucocytosis* (plus of white cells). These processes and conditions are here, as elsewhere, respectively secondary and primary parenchymatous (or functional-cellular) inflammatory metamorphosis in the "blood-tissue" and in the "lymphatic-tissue." These two tissue-systems, indeed, really form a continuous structure, by the lymphatic vessels debouching into the veins and the splenic arteries merging into the splenic pulp. By these means the anatomical continuity of the two is thoroughly established, and their physiological and pathological processes are equally identified with one another, and in fevers in a particularly conspicuous manner.

Heat-Loss is the alternative of heat-production. It is effected by secretion, evaporation, radiation, and conduction. By it, *regulation of heat* is effected. Without it, death must speedily ensue upon heat-increase. On the other hand, an excess of heat-loss over heat-production is equally fatal; as witness the algid pernicious and collapse.

Heat-regulation commonly maintains the febrile heat within certain limits, consistent with life and recovery. Below 95° F., collapse impends. Beyond 104° F., the "high febrile" state is recognized, *i. e.*, up to 106° (or a few tenths of a degree less). When the thermometer ascends further than this, the condition of the patient is precarious indeed, and is called *hyperpyrexia*. Excessive heat-production, or deficient heat-loss, or both combined, may cause it. Cell-degeneration and paralysis of vaso-motion, etc., are marked.

Predominant heat-production is the proximate reason for fever in ordinary cases; but deficient elimination, in hot rooms, torrid climates, excessive clothing, paralyzed secretion, etc., may suffice to incur or to aggravate it. When these conditions are absent, or can be corrected, the heat-rise is less. Cold drinks and baths limit it, and are the commonest resources in treatment, in our day, for the moderation of febrile distress.

When the *heat-loss*, in febrile states, only *equals* the production, the fever continues; when it is *less*, the fever rises; when in excess, the fever falls; when the normal is reached, it is apyrexia; when passed, it tends to collapse, but fortunately, this can scarcely occur in persons of fair calorific power, particularly those of good central nerve-force, which would immediately be irritated by a too low temperature into the production of a new fever. From this stand-point, we can now judge of the question—why should the paroxysm of an intermittent recur so regularly and characteristically? I conceive the an-

swer to be, that the unequalled high temporary grade of heat *dislocates* just so much of the mean of diurnal heat-production as to leave the organism partially destitute of the usual supply of fuel, so that the post-paroxysmal fall of temperature passes the limit of tolerance, and the calorific nerve-centres are appealed to by the irritant sympathy of the refrigerating tissues; and these calorific centres, coupled with the neighboring vaso-motors (when not paralyzed in collapse), immediately respond by promoting cell-multiplication, renewed oxidation, rise of heat, spasmodic vaso-motion, chill, fever, etc. From this premise we can, after all, reconstruct the old theory of the paroxysm, viz.: that it is strictly a "reaction" from a previous depression; only, we must now count the so-called *chill-stage* as itself a *part of the reaction;* as, indeed, the beginning of the fever-heat. The times of preliminary depression agree very fairly with those which have been established as normal to the majority of persons. That is to say, a healthy person suffers, according to Wagner (loc. cit.), a fall of temperature from 5 P.M. (a normal maximum), to 1 or 2 A.M., which is the lowest point; this depression continues for a longer or shorter time. It rises again, early in the morning (before breaking the fast), reaching a maximum temperature during the forenoon, and falling again before noon, to ascend a second time during the afternoon, to the 5 o'clock maximum. Temperament and habits of life may modify these times, as they do the exacerbations and ameliorations of disease; but the above is given as the usual type. The healthy diurnal variations from the mean temperature of 98½° F. are quite considerable, the maximum being 99.5°, and the minimum 97.7°. Each rise is in natural and just proportion to the previous fall; and the exaggerated fall in intermittent disease as naturally gives the point of departure for the next paroxysm, with its rapid and marked rise of temperature and its so-called chill, etc. The very times, when the paroxysms are most prone to recur (forenoon and afternoon), are likewise the same with those of the healthy pus variations, and the depressions equally agree. This point will be again referred to.

Full intermission (temporary cessation) of the febrile heat is evidence of the comparative quiescence of the cell-metamorphosis; collapse shows its arrest; but an entire failure to intermit signifies that it is, although diminished, still persistent. Continuity of heat implies serious metamorphic lesions, and steady progress of the same. Half way between intermission and continuity we place *re*-mission; which shows that

positive amelioration of cell-metamorphosis, but not entire cessation, exists; and this is the golden moment, when the "plus" has gone, for the administration of the supporting, or antiperiodic dose; *Arsenicum*, often, in homœopathy; in allopathy, sulphate of quinine. Malignant grades, however, do not brook a moment's delay for the remission. Here there is never a serious plus. Full "intermissions" give to a case the name Intermittent Fever; "remissions" are the characteristic of Remittent Fever; and "continuity" of the febrile phenomena of Continued Fever, of which enteric typhoid is the familiar type. The less the febrile pauses (other things being equal), the graver the disease; since this is a sign of the paresis of the vaso-motor centres, hence the passivity and venosity of the hyperæmiæ, the intensity of the parenchymatous inflammation of organs, the degeneration of cell-protoplasm (extending to the new formations) in important structures, as the spleen, liver, stomach, etc., the destructiveness of blood-changes, the resulting blood-pigment-embolism, in the liver, spleen, brain, etc.; the increase of heat-production, and decrease of heat-loss; all, existing in different degrees, are in fair proportion to this self-same persistence of the febrile heat, up to the very point of vital overthrow. The differing degree of special symptoms in various cases is the natural result of diverse localization of the numerous lesions of fever. For this reason it is that the homœopathic remedies are equally numerous, notwithstanding that in non-specific, allopathic treatment, the most experienced men usually ignore all these specialties, and consider *only* the *antiperiodic* action of the quinia sulphate. In *pernicious febrile heat* it is that this practice is best justified. On no account should a single new exacerbation be permitted. On general principles, however, we must conclude that if the special lesions, and the whole disease, refuse to yield to the specially prescribed drugs, that fact is a sufficient guarantee that, 1st, they were *not homœopathic*, in some ranking and vital particular, liver-lesions, respiratory symptoms, blood-lesions, morale, etc.; or else, 2d, that the doses given were too large, or badly timed, or were otherwise unsuitable; *perhaps* even too small.

When, in any fever, intermittent, remittent, or continued, every lesion, nervous, organic, vaso-motor and cellular, is corrected, all symptoms must vanish; and the corollary is just as certain, viz., when the symptoms vanish the lesions will also be cured.

The subdiaphragmatic organs, in particular, are great sufferers in malarial fevers of all kinds; very often without ob-

trusive symptoms, and only to be detected by physical exploration. Other organs participate, however.

The Blood, as a tissue, may justly be said to undergo the changes of cellular, or parenchymatous inflammation. Its ashes are mostly the potash salts and coloring matters of the urine.

The Pulse coincides, generally, with the temperature; being retarded in the primary depression, and accelerated in the heat. Its strength, in all stages, depends on the amount of centric nerve-force. In my own classification of personal temperaments the grade of plus or minus pulse-force is one of the most important diagnostics of centric or eccentric domination, or polarity, which I hold to be the true basis of temperament.

Heightened body-heat, even when very little beyond the normal, usually presents an accelerated pulse; the *average* increase being about five beats for each (F.) degree of heat-rise. The variation is great, however, in particular cases; and non-febrile acceleration is not uncommon.

The *quality* of the pulse is often characteristically affected in fever. Along with excitement of the heart, often with increase of its force, there is commonly a measure of debility or paresis of the vaso-motor functions, and the arteries appear to be dilated; being larger and the pulse fuller than in health. These conditions are quite clearly expressed by the sphygmograph. Normally there is shown, first, an ascent, due to the contraction of the left ventricle; followed by a fall, due to its cessation; the blood recoiling in part, and in part flowing on through the arteries and capillaries into the veins. The finger detects the same. This fall is arrested when the aortic valves close, and a slight rise occurs, owing to the re-recoil of the blood from the aortic valves to the radial artery; then comes a short curve of depression, as the blood again flows onwards; another slight but greater rise, due to another recoil of blood from the capillary and venous systems back into the artery. Thus are formed the two "secondary waves," with an intervening depression. Then comes the final fall. Rise of the body-heat, even of a few tenths of a degree, is attended by notable modifications in the sphygmographic waves. First of all, the "intervening depression" between the two secondary waves is deepened, then the usual second rëascent is longer, and more sharply distinguishable, making apparent a minor pulse-beat between the major beats, and constituting the "dicrotic pulse." When the heat-rise is small this phenomenon is not very conspicuous; but in high fever it is so, and in hyperpyrexia it is excessive. The softer pulses show it most plainly,

the vaso-motor tension offering the least resistance to the dicrotic ascent, whilst the sluggish capillary circulation of such cases increases the last recoil. In very high temperatures all the pulse-curves are usually lower, and the pulse smaller. Collapse, either febrile or algid, is attended with arterial emptiness, so that it shows a nearly complete suppression of the same secondary curves; or rather, a single deep fall, followed by a slow fusion of the abortive secondary waves with the next main systolic elevation or pulse-beat. The blood, stagnated in the veins and capillaries, moves but little in the artery at each pulsation; and thus is formed the "monocrotic pulse." The first of the two secondary waves of normal pulsation, the aortic recoil, is the first to disappear, and the primary fall from the apex is deep; and thus it is that the *second* of these same secondary waves (from the capillary recoil) is so apparently high in comparison. When, as in certain cases of algid collapses, there is cardiac paresis, or when there is valvular obstruction, the pulse is also extremely weak and usually irregular; alternating dicrotic beats, with entire absence of all pulsation, at uncertain intervals.

In all these cases there is manifest impairment of the nervous organism, by which the rhythm as well as the tone of the circulatory functions are maintained at par in the healthy body. In other words, fever deranges the several cöactions of the cardiac-motor, the cardiac-inhibitory, the vaso-motor, and the vaso-inhibitory nervous functions, whereby, in a state of health, the circulatory organs and functions are *coördinated.*

Respiration is affected in fever along with the acceleration of the pulse. It is exaggerated in sthenic states, but irregular and weak in low types. It is the medium of increased oxidation processes. Its symptoms are valuable guides in prescribing.

Digestion is involved, more or less, as its organs participate in the parenchymatous inflammation. Its *symptoms* also hold a high therapeutic rank.

PERITONITIS FROM SUPPRESSED MENSES—A CASE.

BY E. W. SOUTH, M.D., PLAINFIELD, N. J.

Was called to see Miss ——, 16 years of age, who had been menstruating regularly about three years. The patient was lying on her back, with limbs flexed, any attempt at motion extorting a cry of pain. Abdomen slightly tympanitic,

extremely sensitive to touch, particularly over the hypogastric region; pulse 120 and tense; skin hot and dry; breath short and quick. There were frequent paroxysms of pain, which were described as being "sharp and cutting like a knife."

This condition was brought about by running some distance, during her menstrual period, to a neighbor's house for assistance when a younger sister was severely injured by a fall, and then, while in a profuse perspiration, riding back against a fresh breeze. The flow was at once arrested, she being then on her second day, and the condition above described resulted.

I brought into requisition such remedies as the symptoms seemed to demand, such as Acon., Ars., Bell., Colocy., Nux vom., in different dilutions, but without any apparent effect, until Secale was administered, which re-established the flow in a measure, after which her pain gradually diminished, and at the end of a week she became more comfortable.

But the recovery was slow, the improvement being scarcely perceptible from day to day. I was anxious to have her in good condition for the next menses, but the time arrived without her having gained the desired amount of strength.

Again on her second day the flow suddenly disappeared, and she passed through the same stages of pain, the symptoms being now rather more intense and accompanied with paroxysms of vomiting, the ejected matter consisting at first of a slimy substance, and later of a green watery substance resembling verdigris.

Secale now failed to exert any beneficial influence—the flow was not re-established, but after several days of suffering she again apparently began to mend. I felt satisfied that I had not yet found the true similimum to the case, the medicine so far, not producing the result I had hoped for, and I accordingly redoubled my efforts in searching the *Materia Medica.* As the next menstrual nisus approached, it found her able to sit up at intervals through the day, but unable to leave her room. During the last week of this time I had used Puls., hoping its action would enable the organs to continue the flow, should it again start, and I awaited the result with some anxiety, but again on the second day, after flowing about as many hours as the two previous periods, it disappeared. Her nurse had been instructed to watch closely, and if she had reason to fear suppression, to resort to the warm sitz-bath. This was used, but without effect. Her condition was now critical. Pulse 130, small and wiry; singultus set in, showing that the serous membrane of the diaphragm was becoming involved,

the verdigris vomiting returned, involuntary copious discharges from the bowels of light color, cadaverous smell, and accompanied by large quantities of flatus, told too plainly that the mischief was extending to the small intestines.

These discharges from the bowels always took place during the morning. Counsel was now called in, but our united efforts still failed to give relief. No new light was thrown on the case, and I began to feel that my patient must die, but in my further search for a remedy I was, at this time, fortunate enough to encounter Caulophyllum, and at once concluded to test its merits, and its very decided action in the case prompts me to make this report.

I prescribed ten drops of the tincture in a half glass of water, a teaspoonful every two hours, and its action was most prompt and beneficial. In twelve hours after commencing its use I found my patient in a very comfortable condition, as she herself expressed it, not a single evacuation from the bowels taking place after the first dose. From this she steadily improved, and her next period was passed naturally, and with but little more pain than usual. Some seven months have since elapsed, and she is still doing well. A peculiarity of the case is that the flow should each time cease at a period corresponding to the time at which it was suppressed in the first instance.

ACUTE CATARRHAL OPHTHALMIA.

BY WILLIAM ERWIN, M.D., CAMERON, MISSOURI.

Having recently had an opportunity of observing an epidemic of acute contagious catarrhal ophthalmia of a different type from any I have ever observed before, I send a description of the symptoms, course, and treatment of the disorder.

The first symptoms noticed by the patient were a feeling of heat and dryness in the eyes with a continual desire to rub them, and a feeling as though they had been overstrained by looking at minute objects.

Injection of the conjunctiva soon appeared, which increased to an intense congestion of its entire surface. In many cases the sclerotica had a bluish tinge. Sensitiveness of the eyes to a strong light, worse evenings, was an early and persistent symptom, and in some cases the photophobia was excessive, accompanied with supra-orbital and ciliary neuralgia. One patient, a lady, was awakened regularly at one o'clock A.M. by the pain.

At the commencement of the disorder the conjunctiva was usually dry, but this was soon followed by a watery discharge, which in a few cases was corrosive, and in others accompanied with a profuse lachrymal secretion.

In a short time the discharge became mucous, and in a few cases purulent. The disease was contagious and was undoubtedly transmitted by the secretions.

The acute symptoms usually abated in from five to eight days, though a small proportion ran over into the chronic form, and in these, some granulations were found upon the surface of the palpebral conjunctiva. The only complication noticed was iritis in one case, followed by a tedious recovery, which, however, was complete, as the vision was fully restored.

The remedies used were Acon., Arg. nit., Ars., Bell., Euphr., Carbo veg., Gels., Merc., Phyto., Puls., Spig., Ruta, Sulph.

They were chosen according to their well-known indications. The best effects were obtained from Acon., Bell., Euphr., Phyto., and Spig., the other remedies having very little effect though apparently well indicated. Phytolacca especially did excellent service when the disease threatened to become chronic. Local treatment was used in most cases. In the beginning, warm fomentations were beneficial and did much to mitigate the pain and feeling of heat in the eyes. Sassafras pith water was found to be a very soothing application. Vaseline was an excellent lubricant during convalescence. Stimulating collyria were used after the mucous discharge was fully established; of these, Arg. nit. one grain to the oz. did mischief; Zinc. sulph. of the same strength did very much apparent good in the majority of cases. In a few cases this was followed by Cupr. sulph. of the same strength, which was markedly beneficial in removing granulations. I feel sure that by the use of this local treatment the course of the disease was shortened, and also that the discharge was rendered much less contagious. The especial characteristics to which I would call attention are the contagious character, the catarrhal nature and the course of the disease.

THOUGHTS ON THE "ORGANON."

BY AUG. KORNDŒRFER, M.D.

(Read before the Hahnemann Club of Philadelphia.)

"THE highest and sole calling of the physician is to restore health to the sick. This we call curing." Thus reads the first paragraph of the *Organon*. "The highest and sole calling," *highest*, because in doing that greatest of earthly good,

preparing the human body to be the fit dwelling-place of the immortal spirit, we but follow in the footsteps of the Master. The "*sole*" calling, because in bestowing due attention to this, in all its detail, no unoccupied time will remain for the prosecution of the many vain speculations to which the mind of man so naturally reverts.

This paragraph has been the subject of misunderstanding through the use of the word "duty," in the Stratton translation, instead of *calling*, "Beruf" as in the original. "*Calling*" presupposes many requirements and involves many "duties." First and foremost in the calling of the physician, it is his duty to have a thorough knowledge of the various diseased states in their action through and upon the various organs of the body. This again of necessity involves a pre-existent knowledge of the physiological functions of such organs; which latter again is dependent upon a knowledge of the anatomical construction of the body as a whole and of the organs in particular.

The gathering of such knowledge is certainly one of the duties of the true physician, yet he dare not stop here; much more is required. The external influences, meteoric and telluric, acting upon the body in health and disease, the general and special hygienic needs, it is his duty to know and to each give thoughtful attention. Yet, having all this, he still stands helplessly by, witnessing suffering and death; hopeless and in despair must he endure the sufferer's pleadings for relief. The second great factor in the work of his calling is yet to be acquired, *i. e.*, a correct knowledge of the means to be employed for the cure of disease. The many and varied drugs, mineral, vegetable, and animal in nature, with which the earth has been endowed, must be understood in relation to their action upon the human body, both during health and in disease. Most important of all, the principle upon which to apply such known drugs for the cure of disease must be positively determined. For in order that a cure may be wrought, drugs must be applied in accordance with some definite principle, based upon some natural law.

That Hahnemann really felt these requirements to be just and necessary, we are warranted in assuming from § 3 of the *Organon*. "When the physician clearly perceives in disease, that is to say in each individual case of disease, that which is especially to be cured (knowledge of the indications of disease); when he clearly perceives the sphere of action of each individual drug (knowledge of drug power); and knows how, in accordance with clearly defined principles, to apply that

which is healing in drugs, against that which he has recognized as undoubtedly diseased, so that recovery may follow; adapting the drug in view of the suitability of its medicinal action (choice of the remedy—*indicatum*), as well as in view of the exactly requisite preparation and quantity (proper dose), and the proper repetition of the same; and finally in each case knows the obstacles to a cure and can remove them, so that the cure may be permanent, then does he understand how to effectually and radically treat disease, and is a truly scientific physician." A cure accomplished in this manner being, as Hahnemann expresses it in § 2, an ideal cure. "The highest ideal of cure, is a speedy, mild, and permanent restoration of health, or removal and annihilation of the disease in its entirety, in the shortest, most reliable, non-injurious way, in accordance with clearly intelligible principles."

Yet another duty is comprised within the scope of the calling. He should be a faithful conservator of health. He should be endowed with astute power of perception, and possess a thorough knowledge of all health-disturbing causes, that when existing he may promptly detect them. Measures for their removal should be the burden of his most earnest study. Hahnemann says, in § 4: "He at the same time is a conservator of health, when, knowing the disease, exciting or sustaining causes, he also seeks to remove them from the healthy."

The true physician then, is one who not only is thoroughly acquainted with the intricacies of disease, in relation to predisposing, exciting, and maintaining causes, together with existing manifestations, but in addition possesses a thorough knowledge of the specific sphere of action of the remedial agents at his command.

But what, it may be asked, constitutes a thorough knowledge of disease? This opens up that much-vexed question as to the nature of disease, a question which pathologists from the time of Hippocrates to our own day have answered in most varied fashion. The humors and the solids have each been regarded as the seat of disease. Chemical change has had its share. And the vital force has been looked upon by others as the real centre and source of disease action. Many and varied have been the theories advanced as to the essential cause of disease, yet always with failure resulting.

Hahnemann truly says in the introduction to the *Organon*, "These, however, were vague dreams—hypotheses without foundation." And again, "The essence of disease will not bend to our fancies and conveniences; disease will not cease to be

dynamic disorders of our spirit-like life in sensation and action, that is to say, immaterial disorders of health." It may be well here to note a fact which amidst all the criticisms upon this subject I have never seen mentioned, namely, the use of the word "geistartigen,"—spirit-like,—being of the nature of spirit; *i. e.*, not material. It is evident from the context that Hahnemann did not intend to use this word as synonymous with soul or spirit, relating to the *immortal immaterial* part of man, but through it he wished to convey some idea of an essential quality of which the human functions partook; *i. e.*, spirit-like "geistartig" not necessarily spiritual "geistlich." Hahnemann does not say that these affections are spiritual in this latter sense; he, however, asserts that they are dependent upon changes in the action of the vital force, spirit-like, even as electricity may be said to be; that is, immaterial so far as our senses are capable of determining.

A discussion regarding Hahnemann's belief in relation to the spiritual essence of disease, would lead into a theological rather than a medical disputation. The idea was evidently based upon the vitalistic views of Stahl, whose theories were esteemed by many, even though not generally supported, and though we at this time would differ in our mode of expression, we nevertheless betoken a certain agreement by our use of the term vital force, and in the very general belief that the real essence of disease is to be found in perverted force, variously as this latter view may be expressed.

That such perversion of force must be accomplished through the action of other (extraneous) forces upon matter will scarcely be gainsaid. This being as it were self-evident, it will require but little circumlocution to reach the idea as enunciated by Hahnemann, namely, that that which constitutes disease must be found in the perverted force or dynamis. That which we find evidenced to us as indicative of disease, is to be found in the demonstrable signs of such perverted functional action, *i. e.*, in the symptoms.

The essential character of the change thus manifested in perverted force, as well as the essential character of the healthy dynamis, is past our finding out; therefore, is it idly wasting time to delve into the mysteries of our inner nature, searching after the hidden spring of life; and but equally idle waste to consume time in a search after the source of the force-change upon which disease depends.

Disease-creating causes are known by their effects, demonstrable changes, symptoms, just as other forces are known by

their specific effects. Strive as we may, the Great Giver of all will ever keep this mystery of the life-force from our knowledge. Of Him, from Him, and through Him, is all force. The chemist and physicist, clothed in all the glory of earthly wisdom, stands mute when he would essay an explanation of the essential nature of the physical forces so too must he, with the most inscrutable of all, the life-force.

Hahnemann in foot-note to § 31 refers again to this subject as follows: "If I term disease a modulation or disharmony of the health, I am far from desiring thereby to give a metaphysical explanation of the internal nature of disease in general, or of any individual case of disease in particular. The endeavor is made, through this expression, to indicate what disease on the whole is *not* and *cannot* be—not mechanical or chemical changes of material bodily substance, nor dependent upon a morbific material—but only spiritual, dynamic disharmony of life." We here see in one of the few passages in which the word "geistige" is used in such manner as to be properly translated into the English word spiritual, that Hahnemann coupled it with the word "dynamische," thus showing the care employed to avoid confounding the *immortal spiritual* with the spirit-like dynamis.

It may also be well to note that Hahnemann most plainly declares that he does not propose to define what disease *is*, but rather what it *is not;* therefore, in accordance with his open acknowledgement of inability to explain, we must receive his attempted explanation in the last sentence "cum grano salis." Not knowing what disease is, he of necessity cannot enlighten us as to its nature, and his effort thereat in the last sentence of the foot-note, certainly warrants his former assertion.

Again comparing the phrase "geistige dynamische Verstimmungen des Lebens" with the context, and with other passages in which the term "geistige" is used, we may feel warranted in translating it, "immaterial dynamic disharmony of life." Especially from the fact that the word "geistige" has such a wide range of application. Thus it may refer to spirit, mind, mood, to psychical forces, as well as to physical, the chemical and other forces,—thus even of fire-wood we may say, "Das Holz hat keinen geist" (dialectic). This wood has but little life, or in other words gives out but little warmth when burning. So of a horse we may say, "Das Pferd hat viel geist"—that horse has much spirit, or is high-mettled. So too we speak of "geistige getränke"—spirituous liquors.

From such diverse application of the word; from Hahne-

mann's frequent effort to explain by adding the word dynamic; from the frank admission on his part of inability to clearly define disease, necessitating the use of more or less ambiguous language in any attempted definition; from the fact that all his teachings relative to the vital principle are based upon the philosophy of Stahl, which does not so construe the term vital principle as to make it synonymous with immortal spirit; we may feel warranted in freeing Hahnemann from the accusation of explaining disease as a spiritual affection in the usual acceptance of the term.

Figuratively the vital powers may be said to suffer, in so far as they are prevented from accomplishing that for which they exist, the maintenance of the body in health. The perfect suffers through forced contact with the imperfect, not through any inherent defect in itself.

From the foregoing it will appear that in disease we have a condition representing changed, *i. e.*, perverted manifestation of force, and not a condition represented by a foreign substance acting within and upon the tissues of the body; a perverted dynamis is at the root of the evil; how, we cannot explain. We must, however, bear in mind the fact that the existence of a changed force presupposes a changed material, either in quantity, quality, kind, or relationship. What then have we that becomes diseased, is it force or is it matter? Some say force, others say matter. Let us for a moment divest our minds of preconceived notions and view the subject from its most natural standpoint, being governed in our reasonings and conclusions by such impartial spirit as will tend to develop a knowledge of the truth.

We know that the so-called protoplasm is a complex substance capable of existence even under most diverse circumstances. Further, as the vital force requires for its perfect manifestation the presence of such living mattter in various degrees of development, it would naturally appear that the tissues resultant from the normal development of such protoplasm (unless their physiological integrity be impaired through the action of some extraneous force) must enable the vital force, which ever remains the same, to complete the functional act in accordance with what we know as health. Reasoning thus, it would seem most probable, that some material change must take place in such tissues, synchronous with the change in force. As force to be disturbed requires the intervention of other force, it follows that the action of some such extraneous disturbing force upon the tissues, is necessary to prevent the

normal force from developing the physiological act in its integrity. Like force, acting undisturbed upon like tissue, must develop like results. Change in one presupposes change in the other. In other words, the dynamic and structural changes must take place at the same time. How dependent the one upon the other, remains within the knowledge of Him alone who knoweth all things. The changes known to us as disease are, in all probability, induced through the action of some extraneous influence upon the normal tissues and forces. Relative health has somewhere preceded disease. Health disturbing forces have wrought upon the body, whether by first affecting the tissues and thus disturbing normal physiological functional action, or by first interfering with the action of the so-called vital force, and through this, affecting the tissues, may forever remain an unsolved problem. One, in the solving of which, we have but little at stake.

Disease is but modified life—life forced from its normal functional activities. The remote essential causes of disease are to be found in the sphere of the essential causes of life and its phenomena, and as in our pigmy abilities these latter are far beyond our reach or comprehension, so too must the former remain beyond the reach of our understanding.

In health we find harmonious action of all the functions; in disease this harmony or equipoise is disturbed. True the tissues may remain chemically the same, for are they not all dead when we so examine them, yet their action be perverted. Regarding such chemical crudities, Beale truly remarks: "If we attempt to analyze living matter it becomes changed. We examine not the actual living, growing matter itself, but the substances which result from its death."

Chemistry, however, affords many illustrations which may help to make clear the possibility of such varied conditions of the same elements. Thus among the isomeric substances we find formic ether and acetate of methyl, each containing $C_6H_6O_4$; again the oils of orange-peel, bergamot, pepper, cubebs, juniper, copaiva, elemi, valerian, thyme, savin, hop, laurel, and parsley, are isomeric with the oils of turpentine and lemons, each containing $C_{10}H_{16}$. How different in physical properties, yet chemistry tells us they are identical when resolved into their ultimate elements. Looking farther we find other volatile oils that are polymeric with the above, differing only it would appear in their combining numbers, having the formulæ $C_{20}H_{32} = C_{30}H_{48}$, etc. Yet other substances are found differing even to the widest limits, both in regard to ordinary physical

properties as well as to their chemical reactions, behavior to heat, etc.; thus, for instance, formic aldehyde, CH_2O, is a gas, but acetic acid, $C_2H_4O_2$, is a liquid, boiling at 118° C.; and lactic acid, $C_3H_6O_3$, boils at 200° C., but at the same time decomposes to a great extent; again grape sugar, $C_6H_{12}O_6$, is not volatile at all, but undergoes complete decomposition when strongly heated. Formed of the same chemical constituents and in equal proportion, yet who would be so witless as to assert a sameness in character? Finding as we do such wonderful evidences of change of action in lifeless chemical matter, composed even of the same elements, how much more likely, is it not, that the living organism endowed with most impressible susceptivity may, when acted upon by any extrinsic disturbing force, be so affected as to interfere with the normal relationship of its component elements, and though changed neither in quantity, nor yet in chemical quality or kind, nevertheless be so influenced as not to allow the vital force to develop the normal functional acts? With increase in chemical and physiological knowledge much may be made known of that which is now hidden. The inscrutable LIFE, never.

Hahnemann was right when he asserted that "the essence of disease will not bend to our fancies and conveniences."

How then shall we recognize in disease that which is necessary to an intelligent treatment thereof? To this we find answer in the *Organon*,—an answer which, while it has found many able advocates, has nevertheless many earnest though deluded opponents. Hahnemann says, in § 6: "The unprejudiced observer, of keen perceptive powers, knowing the worthlessness of such supersensible speculations as cannot be confirmed by experience, regards, in each individual disease, nothing save such changes in the state of the body and mind as are outwardly discernible through the senses, *i. e.*, signs of disease attacks, veritable symptoms; in other words, such deviations from the former healthy condition as the patient may be personally cognizant of, such as the attendants may perceive, and such as the physician may observe. The totality of such observable signs represents the disease in its entirety and constitutes the true and only conceivable form of disease." This paragraph has been the subject of severe criticism, and various views as to its meaning have been expressed, yet it would seem almost impossible for one to read the original and fail to grasp the scope of its intent, especially when read in connection with the context, and with the accompanying footnote in particular, which reads as follows: "I, therefore, cannot

comprehend how it is possible for one at the bedside of the sick, without carefully heeding the symptoms or being guided by them in the treatment of disease, to make the boastful pretence that he can search the hidden and unknowable interior and have the ability there to discover the nature of the disease, and without especially observing the symptoms to be able with (uninvestigated) drugs to restore health; nor can I comprehend how such a method should be called the only thorough and rational method of cure. Is not that, in disease, which is made known to the physician through sensible signs, to him the disease itself? He cannot see the disease-creating, immaterial essence; the vital force, he cannot see, nor yet the disease itself. But he need only see and be experienced in the disease effects in order to cure disease. What then will the old school seek for in the hidden interior as a *prima causa morbi*, over against the sensible and plainly observable manifestations of disease, these distinctly expressive symptoms, which, as objects of cure, are haughtily and contemptuously rejected by them? What beside these will they cure in disease?" From these quotations it may readily be seen that Hahnemann advocated the use of all positive, discernible, disease changes which are within the reach of the physician, or in fact within the capacity of the human mind to apprehend. His objection was not to the extension of our search for those positive changes from health; in relation to these he taught the necessity of searching for and finding the *totality*. What he did oppose, was the necessarily fruitless attempt, so common with the physicians of his day, to search after a "hidden" cause, an unknown something which, according to their theories, must be the essential feature in the treatment of disease. Such innermost cause, he truly asserted, must forever remain beyond the human ken, though at the same time, wisely ordained, beyond our human need. Disease has been made to give full warning of its approach and evidence of its presence, through the development of symptoms, readily discovered by our senses. Hahnemann, in each instance, when speaking of the examination, uses the collective senses, thus not restricting the examination to any especial one, but by using all, gives opportunity for most elaborate investigation of disease, that it may be known as a demonstrable something. At the same time he deprecated and severely censured, the not only useless but positively baneful practice of allowing *theoretical* causal influences to guide in the selection of treatment for disease.

Let no one confound this warning against the search after a

hidden and unknowable dynamic cause, as against a search for an exciting or maintaining cause. The effort to discover and remove the latter Hahnemann refers to as taken for granted. In foot-note to § 7, referring to the *causa occasionalis*, he says: "It is taken for granted that every intelligent physician will at the beginning remove such, then the indisposition usually yields of itself." He further illustrates his meaning by citing some such causes, as follows: "He will remove strongly scented flowers from a room when they tend to excite attacks of fainting and hysteria; extract from the cornea particles which excite inflammation; remove from a wounded limb the tight bandages through which it is threatened with gangrene, applying others properly; lay bare and ligate a wounded artery if it tends to cause syncope; endeavor to remove, through vomiting, belladonna berries, etc., which have been swallowed; extract foreign bodies which have been introduced into any of the openings of the body (nose, throat, ears, urethra, rectum, vagina); crush the vesical calculus; open the imperforate anus of the newborn infant, etc." From the variety of causes here mentioned as requiring mechanical and other relief not coming within the scope of the therapeutic law, and especially from the far-reaching "et cetera" at its termination, we are forced to conclude that Hahnemann recognized many such removable causes, and that he was not guilty of gross negligence in this direction, as might be supposed from the advice given by some of his would-be pure adherents, who would treat a cystitis dependent upon the presence of a calculus as a dynamic disease, without removing the stone.

In fact Hahnemann's idea, most clearly expressed in the *Organon*, was to remove every causative and molesting substance when such end was attainable. He, however, opposed the removal of external growths, eruptions, etc.—outward manifestations of the internal disease; these he held to be among the most expressive evidences of the disharmonized vital force, and as such, affording important indications not only for the selection of treatment, but also serving as guides to our judgment in regard to the results of treatment. Yet when such growths are acting as impediments to the performance of the functional duties of the internal organs, he counselled their removal, see § 186, where, speaking of such removable causes, he says, "opening a cavity of the body for the purpose of removing a *molesting substance*, or to draw off effused or accumulated fluids." That by the expression "molesting substance," "belästigende substanz," is not meant a foreign body from

without, is clear from the preceding sentence, which reads "extraction of foreign bodies which have penetrated the body." It therefore becomes quite evident that when Hahnemann wrote the fifth edition of the *Organon*, he still held to the view of the surgical necessity in such cases, recommending the timely removal of the molesting substance, thus assisting the part or organ to resume its normal physiological action, while then and subsequently the proper homœopathic treatment was to be directed against the dynamic cause.

With the permission of the Club, I propose to read, from time to time, papers in continuation of this subject, taking up the important foundation principles of homœopathy as laid down in the word and spirit of the *Organon*, *i. e.*,—the law of similars, the single remedy, and the minimum dose, as taught by Hahnemann.

INTERMITTENT FEVER CASES.

BY HUGH PITCAIRN, M.D., HARRISBURG, PA.

(Read before the Hering Club of Philadelphia.)

September, 1880.—Mr. L., æt. 43, occupation fisherman, has been troubled with ague, chill, fever and sweat, for four years; was in the Harrisburg Hospital all summer. Nothing checks the symptoms for longer than three days. He has taken Boneset tea, Quinine, Indian cholagogue, etc. Tall, sallow, cadaverous-looking. Chill every day about noon; thirst during chill; yawning, stretching before chill. Headache, backache, bone-pains. Eyes congested and sore. Sweat scanty; better after sweat. Apyrexia never clear. Always feels badly. Thinks he will not live long. No appetite.

℞. Eup. perf.[30], three powders, one each day for three days. He has never had a chill since.

November, 1880.—Master Brown, æt. 17 years, contracted the fever in India. Has taken forty grains of Quinine in two days without affecting him; also Arsenic, Fowler's Solution, Indian cholagogue, Quinquinia, Chinodium, Morphia, Mercury, and, last, Chloroform to intoxication.

The paroxysms returned every other day with no premonition. Face pale; lips, hands and nails blue. During the fever intense thirst; obstinate constipation, then sweat; nightsweats. Apyrexia is not clear; there are languor, flushes of heat and sleepiness.

℞. China sulph.[30], three powders. About a month later had one slight chill; China sulph.[200]. No chills since. Health perfect; has become robust.

April 25th.—Miss F. F., æt. 20, clerk, sister of an allopathic physician, complained of a very sore mouth. Upon examination found her badly salivated; her beautiful teeth, which had looked like rows of pearls and perfect, were black and loose. She had had ague for over a year past, periodically every couple of weeks, and her brother had given her a prescription which "stopped her chills." Hepar was prescribed.

June 2d.—Chills returned with redoubled energy, with yawning, stretching, and thirst before chill; also thirst during the chill; very little during the fever. Extreme nausea before and during the chill. Bone-pains relieved by sweat. Sallow complexion; constipation; headache; chill about noon, lasting over an hour.

℞. Eupat. perf. 1^{x}, in water, a dose every three hours for one week. Cured, but upon visiting a malarial region required a repetition of the drug.

June 4th, 1881.—Miss R. B., æt. 36, complains of yawning and stretching, followed by thirst and heavy chills; relieved by heat. Nausea and vomiting; bones pain as though they would break. Fever without thirst; internal heat; entire loss of appetite, except a desire for lemonade. Very little sweat; apyrexia comparatively clear. ℞. Ignatia^{12}.

June 5th.—Chill returned; same symptoms except an increase of bone-pains, and, after the paroxsym had passed, colic and pain in the stomach. ℞. Ignatia 3^{x}.

June 6th.—Same result. Feels weaker and much more exhausted. ℞. Eupat. perf. 3^{x}.

June 7th.—Same results, with increased nausea and vomiting. ℞. Ipecac. 3^{x}, but without effect.

℞. Sulph. quinia, two grains every three hours, in pill form. Next day chill and fever lighter and later. Remedy continued, one grain every three hours, until third day had passed. No chills since.

September 22d, 1880.—Master M., æt. 4 years, has a shaking chill every day at different hours, followed by high fever, with intense thirst. Skin dry and hot; little sweat, amounting only to slight moisture. Apyrexia complete. Had taken Quinia in some form for several weeks, but chill would return. ℞. Gels. 3^{x}. Cured.

October 1st, 1880.—J. M. B., merchant, æt. 32 years, came to my office with chills. Intense headache during the chill, which was light, followed by long-continued fever; pain in the limbs, back, and arms; very little sweat; never feels well. Thirst intense during the fever, but a little satisfies for the

time. Is exceedingly irritable. Has been doctoring for months, and now takes Quinine and whiskey.

℞. Ars.[3]. As long as he takes medicine no chill, but feels badly so soon as he quits. ℞. Ars.[30]. Cured.

August 21st, 1880.—Mr. H. P. S., æt. 29 years. Intermittent fever, returning every fourteen days with clocklike regularity, unless he takes Quinine or some other drug. Travels in a carriage and is exposed to malarial influences. Bone-pains and pain in the back; yawning and stretching before the chill. Thirst before and during chill; chill light and mixed with flashes of heat; heat intense, with thirst. Headache, vertigo, nausea, and vomiting during the heat. Tongue red in middle and on sides. Exhausted and worthless for a week after a chill.

℞. Ars.[3] and Eup. 3[x], in alternation. Chill did not return the second time at this time. Continued remedies for a month at intervals. At regular periods chill returned as before, but with more marked nausea and vomiting.

℞. Ipecac. 3[x]. Same result the next fortnight, and continued the remedy.

February.—Chinodium prepared in Sweet spirits of nitre, ten drops three times daily. Skipped one attack, but it again returned while taking medicine. I followed this with other preparations of Quinia with like results until May 5th, 1881, when for practically the same symptoms I gave Ars.[30] for one week. No chill since. At next time for chill gave a few doses of same, and though threatened, and having yawning, stretching, and general malaise, chill did not return. He is perfectly well yet, having gained flesh largely, though still exposed as before.

July 2d.—Mr. Robert T., æt. 50 years, iron-worker, two months ago caught cold, followed by intermittent fever. Chill every other day, creeping up and down back; nausea and vomiting, followed by long-lasting heats. Dry teasing cough, nightsweats, etc. Called in an allopathic physician, who stopped chills, but since cough has been much worse. Thinks he has consumption; exceedingly irritable; loss of appetite; continuous nausea; sensitiveness of hepatic region. He quit doctoring, as he is "going to die." Pain in chest, tightness, etc. ℞. Bry. 3[x].

July 4th—No better, rather worse. ℞. Ipecac. 1[x], triturated in water. Reported next day that chills had returned and was worse. Ipecac. continued. No more chills. Cough disappeared, and in ten days resumed his work at rolling-mill. No chill since, and perfectly well.

These are a few sample cases from the region of the Susquehanna River, along which the inhabitants are supposed to subsist on Quinine; but I judge you have sufficient for this occasion. The prominent remedies we have found most useful are: IPECAC., NUX, ARS., NAT. MUR., EUPATORIUM PERF., ACONITE and GELS. with children, and Ignatia; but we have helped or cured cases with three dozen other remedies from our materia medica.

NEURALGIA CASES—KALI BICHROMICUM.

BY W. M. HAINES, M.D., ELLSWORTH, MAINE.

CASE I. Captain S., neuralgia for over a fortnight; a week each of homœopathic and allopathic treatment gave no relief. Complained of pain, commencing in middle of the forenoon, increasing in severity until noon and decreasing until about middle of afternoon, when it disappeared, only to reappear the next day. *Pain located in a small spot no larger than a three-cent piece, over the inner angle of right eye;* pains excruciating. Gave Kali bich.^{2x} trit. Very slight return next day and none afterwards.

CASE II. Mrs. H., neuralgia for some days with increasing severity. Pains from 9 A.M. to 3 P.M.; worse at noon. *Painful spot can be covered with tip of finger over the inner corner of right eye.* Gave *Spig.*, *Kalmia lat.*, *Sepia*, and *Bell.* without relief. Gave *Kali bich.*^{2x} trit. No return next day and none since.

RECURRENCE OF LARYNGEAL HÆMORRHAGE.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

MR. Z. (the gentleman whose case I reported in the HAHNEMANNIAN MONTHLY, June, 1881), again presented himself on Sunday, July 24th, 1881, with blood-spitting. Again, physical exploration of the chest gave negative results. Notwithstanding there had been no great *hawking* as before, I again sought for the source of the blood with the laryngoscope. This revealed the arytenoid and inter-arytenoid surfaces of an intensely red color; in the words of his wife (to whom I afforded an opportunity of inspection with the mirror in position), "of a cherry-red color."

Diagnosis: Hæmorrhagic congestion of the upper posterior larynx, consequent on habitual inhalation of iron-vapors.

Treatment: *Ferrum phosphoricum*,^{30} three times a day—with prompt relief.

PSEUDO-COLIC; OR LOCAL SPASM IN A METAL-WORKER.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

C. T., aged eighteen years; employed in Baldwin's Locomotive Works; works in brass, filing, and the like. The impalpable dust is constantly inhaled.

October 7th, 1881, was called to him. He had had cramps in right hypochondriac region, still severe, causing him to bend his body over in that direction, continuously. *Stools* and *urine*, normal; complexion normal. On palpation, found a lump, one inch below the ribs, in the region of the gall-bladder, slightly dull on percussion, apparently subcutaneous, however. Liver somewhat enlarged and tender. Had a brief attack six months ago. Considering that there was no jaundice, hence no obstruction of the biliary ducts, and no distension of the gall-bladder, and the free state of the bowels negativing intussusception of the intestine, and its corresponding tumor, these, with the comparatively superficial location of the lump, led to the diagnosis of spasm of the middle segment of the right rectus abdominis muscle, with hyperæmia of the liver; all due to poisoning by brass filings.

Prescribed *Bellad.*^{200}, four doses, at intervals of four hours, followed by Sac. lac., with entire rest. The cramp and the lump subsided gradually.

October 14th, was fairly relieved, until yesterday, after throwing a ball. Slight return of the crampy pain, making him stand bent over. Last night, was unable to fall asleep until nearly midnight. *Cuprum*^{200}, 1 dose.

The next two days (ten minutes after dinner, after walking, standing); violent hiccup for two minutes, with pain, extending to right hypochondrium.

October 17th, no trouble, but weakness and restlessness (thirsty and feverish, yesterday). *Arsen.*^{2c}, four doses. Cured.

Miscellaneous Contributions.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular monthly meeting of the Society was held at the Hahnemann Medical College on Thursday evening, December 8th, 1881, Dr. W. B. Trites, President, in the chair.

The minutes of the November meeting were read and approved.

The Censors reported favorably on the applications of Drs. P. O. B. Gause and W. C. Powell, Jr., for membership, whereupon these gentlemen were duly elected.

Dr. B. F. Betts, for Committee of Conference on Blockley Hospital, reported progress.

Dr. J. C. Guernsey made the following report.

"Mr. President and Fellow-members: As your delegate to assist in the formation of a library and reading-room Association, I take pleasure in announcing that the enterprise is now on a footing that will insure its permanent success. Since my last report to you the directors have selected two rooms in the newly erected building situated on the N. E. corner of Thirteenth and Market streets, and have leased the same for one year, dating from November 30th. The main factor determining this choice of situation was its central location and ready accessibility from all parts of the city, including West Philadelphia. The rooms are sufficiently commodious and airy for our present needs, are well lighted by large windows by day and gas at night, and, in a day or two, will be furnished ready for use.

"They will be open all day, and until 9 or 10 o'clock in the evening, so that each member may choose his or her own time for visiting the same. A book will be kept for registration, and members are particularly requested to enter their names at each visit, and the time of visit, that an accurate account may be kept of the attendance day and night. This record will greatly help to decide upon the best hours for the librarian to be present, besides affording other useful data.

"Our membership already shows upward of seventy names, embracing representatives from the venerable veterans of our ranks down to those of most recent graduation. Enrolled upon the list, we are happy to say, are many of our sister practitioners.

"On Monday evening next, December 12th, the rooms will be thrown open to the members. The directors have decided to signalize this event by holding a reception, which all the members of our profession and their friends are most cordially and heartily invited to attend. Therefore, whether you have joined the association or not, be sure to come next Monday night, and see how much has been accomplished. In connection with this reception, there will be a donation party. So, if you can spare any medical or scientific books, journals, or periodicals of any kind, please bring them with you as a donation to the library and reading-room. If you have no books to spare, donations of money, in sums large or small, will be gladly received, and will be expended to further the interests of the library. A careful estimate shows that the cost of maintaining the association for the first year will be about $300. This, of course, includes everything,—rent, light, heat, furnishing, etc.

"But whether you bring books or no books, journals or no journals, money or no money, do not fail to bring *yourselves!* We particularly desire a large turnout on this occasion.

"I feel that we are all getting a great deal for a very small sum of money. $2 a year is very little to pay for the privilege of reading all the journals of our school, and the prominent journals of other schools, as well as medical and scientific books. In no other way can two dollars purchase so much medical reading, besides obtaining a knowledge of all that is transpiring in the medical world around us.

"*Fellow-members!* This is a particularly felicitous time for the inauguration of our enterprise,—the merry Christmas season, when all hearts are stirred by generous impulses, thereby opening all hands to liberal giving. Can we give better this year than give to each other? We give Christmas presents outside the profession, why not this year give *inside* our profession?

And by so doing we do not in the least rob ourselves, for we will be as free to use our own presents (books and journals) as the recipients. Such an association as this is more than a source of pleasure, of convenience, of resort to learn the latest news, or even of mental improvement. It is needed to bring us all together more; to join us more closely in bonds of unity and common fellowship; to make our influence upon the community more strongly felt at home and abroad. We are now planting a small seed which should germinate, spring up, and blossom into an association which will yield as its fruit all the uses stated above. We can accomplish this by tenderly guarding the seed we have now sown, by carefully nursing it day by day, and always doing or adding something, whether more or less, to sustain and further its growth."

Report accepted.

The committee chosen to select a subject for a paper to be presented to the Pennsylvania State Society at its next annual session, reported that they had decided to write on "CHOREA," the subject being divided as follows:

1. Etiology, by W. H. Bigler, M D.
2. Pathology, by C. R. Norton, M.D.
3. Symptoms and Exceptional Forms, by W. B. Trites, M.D.
4. Diagnosis and Prognosis, and Hygienic Treatment, by B. F. Betts, M.D.
5. Medical Treatment, by J. C. Guernsey, M.D.

Dr. Clarence Bartlett, chairman of the Bureau of Ophthalmology, Otology, and Laryngology, announced his associates to consist of Drs. C. M. Thomas, W. H. Bigler, B. W. James, and P. O. B. Gause.

Dr. T. S. Dunning, chairman, announced that the Bureau of Materia Medica would be ready to submit a report in January next on the subject of "Methods of Work for the Bureau."

At this stage of the proceedings, Drs. Eduardo Fornias and Ishmael Talavera, deputed by the "Instituto Homœopatico Mexicano," presented the honorary diploma of the Institute to the following physicians, viz.: A. R. Thomas, O. B. Gause, E. A. Farrington, B. F. Betts, Pemberton Dudley, R. J. McClatchey, C. M. Thomas, J. E. James, Charles Mohr, W. H. Bigler, W. B. Trites, A. Korndœrfer, B. W. James, C. Neidhard, C. G. Raue, A. Lippe, H. N. Guernsey, J. C. Guernsey, and J. C. Morgan.

The presentation of the diplomas was prefaced by a neat little speech by Dr. Fornias, and elicited the following reply from the President, Dr. W. B. Trites:

"DR. FORNIAS: I thank you in the name of the Philadelphia County Medical Society for the distinguished honor conferred by the Homœopathic Institute of Mexico, through you, upon certain of our members.

"I am sorry not to have known of your mission earlier, that I might have prepared a speech worthy of such an occasion; but slow would be the tongue

that failed to utter thanks when gifts like these which you bestow, are given.

"I thank you for these diplomas, and beg that you will convey to our brethren in Mexico our gratitude for their kind remembrance and the distinction which it confers. Tell them that we unite with them in the desire that the cords of fraternity and love shall bind us more closely in the future, and that we may be thus nerved to the great work of medical reform which he, whose benevolent countenance (Hahnemann's) graces this beautiful certificate, has bequeathed us for completion.

"Persecution and detraction have in every country raised their puny arms to obstruct the advance of Hahnemann's benign system of medicine. But they might as well have attempted to obstruct the tides of the sea. For homœopathy is a truth, and wherever it has been practiced by properly qualified and cultured physicians it has been triumphant.

"To such societies as the Institute of Mexico must we look for the engendering of an *esprit du corps* which shall preserve the purity of our practice, and insure knowledge and culture among our practitioners. Then shall homœopathy clasp the globe in her benignant arms, and the name of her immortal founder be elevated to that place in public estimation to which his commanding talents and beneficial discoveries entitle him."

Drs. J. W. Crumbaugh and E. Boylston Jackson applied for membership. Referred.

Next in order was the report of the Bureau of Zymoses and Dermatology, R. J. McClatchey, M.D., chairman. The following papers were presented:

a. Pathology of Malarial Fevers, by Dr. J. C. Morgan.
b. Diagnosis and Prognosis of Malarial Fevers, by Dr. R. J. McClatchey.
c. Complications of Remittent and Intermittent Fevers, by Dr. M. M. Walker.
d. Treatment of Remittent Fevers, by Dr. T. S. Dunning.
e. Treatment of Intermittent Fevers, by Dr. C. Mohr.

A short discussion ensued, but owing to the late hour, on motion of Dr. R. J. McClatchey, the Society adjourned to meet on Wednesday, December 14th, 1881, at 9 P.M., to discuss the bureau report.

In accordance with resolution passed at stated meeting, an adjourned meeting was held at the Hahnemann Medical College on the evening of December 14th, 1881, when quite a goodly number of members turned out, though the weather was exceedingly unfavorable. A discussion on the treatment of malarial fever, especially of the intermittent form, was participated in by Drs. McClatchey, Toothaker, Farrington, Dudley, Trites, Mohr, and Allen, a report of which will accompany the papers.

Dr. Eduardo Fornias was appointed chairman of the Bureau of Zymoses and Dermatology for the ensuing year.

Adjourned.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., January, 1882. No. 1.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE OLD AND THE NEW.—A year ago we intimated that the HAHNEMANNIAN MONTHLY gave promise for the year of a success unprecedented in its history. This intimation was based upon its rapidly-growing subscription list and the professional character and reputation of those who were contributing to its pages. It is an old, old saying that the character of a medical journal is largely moulded by the opinions of its readers. It does not make professional sentiment, it only reflects it, and that medical journalist will be most successful and most appreciated who best presents to his readers the completest view of general professional thought and progress. Knowing then the nature and extent of our really material support, we ventured upon our prediction and the results have more than justified it.

Yet it should not be understood that a journal fills up the measure of its duty, simply by receiving and publishing the contributions of its readers. It has another and even more positive work,—a work purely its own. The profession of medicine is concerned in numerous subjects aside from those

which relate directly to practice—subjects pertaining to the profession as a body, rather than to the individual. On these subjects the journalist should be prepared to speak promptly and emphatically, because his position gives him enlarged opportunities for discovering the facts, and appreciating their relation to the professional welfare. Here it is that a medical journal exerts its impersonal influence for good or for evil, and here is seen the necessity for putting aside all prejudice, all partiality, all preconceived notions respecting men, and books, and colleges, and journals, and legislation, and the thousand other things and circumstances affecting, or likely to affect the usefulness, the honor, or the prosperity of the profession.

Under this policy the owners and managers of the HAHNEMANNIAN MONTHLY are confident of retaining that large measure of professional aid and support which the journal has already secured, and of rapidly extending its usefulness. It is earnestly hoped, therefore, that of the large number of physicians, who, last year, contributed to its pages, every one will find it convenient and agreeable to favor it still further. And there are others whose contributions to our journalistic literature are always eagerly welcomed, whose names we should be glad to enrol on our list of writers. Indeed, there are few educated practitioners, whose experiences and thoughts are not, some of them at least, sufficiently valuable to merit a place in our current literature.

RESTRAINT AND NARCOTICS IN INSANITY.—Important events, as well as discoveries, have been so frequently duplicated as to give rise to the trite saying that "things go in twos." Sir Humphry Davy invented the safety-lamp; but the honor of the discovery belongs also to George Stephenson, whose independent labors brought him to the same conclusions. Wallace and Darwin, we believe, were simultaneously searching for the origin of species. The latter published his work, when the former learned for the first time that he had a rival; but very graciously yielded the field.

So, too, in the great reform in the management of the insane, two illustrious names appear as claimants for laurels, Pinel and Hahnemann.

Hahnemann was appointed to the charge of an asylum in Georgenthal in 1792. Pinel gained his hard-earned appointment to the Bicêtre Hospital in the latter end of 1793 (see Worcester's *Insanity and its Treatment*, page 441). But since Pinel worked a long time before he could convince the French

authorities of the feasibility of his merciful treatment, he probably really antedated Hahnemann.

Still, the future historian, robbed of the prejudices of to-day, will review the course of Hahnemann as pre-eminent in that it displayed an application of an unerring principle, the law of similars, which, in 1792, was a discovery of but two years old. When the trial with Cinchona was made, Hahnemann wrote: "With this first trial broke upon me the dawn that has since brightened into the most brilliant day of the medical art; that it is only in virtue of their power to make the healthy human being ill, that medicines can cure morbid states, and, indeed, only such morbid states as are composed of symptoms which the drug to be selected for them can itself produce in similarity on the healthy."

Agreeably to this doctrine, the insane are not always to be treated as if their notions were fanciful or unreal. It is only when the mind is so dethroned and the passions are so violent that the patient is wholly unmanageable, that restraint becomes a necessity.

But cases of this kind are very rare. Dr. Major remarks: "I believe that in *rare* instances restraint (other than surgical) is of advantage to the patient, and, therefore, should be resorted to; but I think those cases so rare as to be quite an event in procedure" (*Archives of Medicine*, December, 1881).

Some forms of restraint, however, are admissible, even in cases which are not characterized by persistent destructiveness or violence. The forcible administration of food may become necessary. And onanists may require appropriate appliances to prevent them from practicing their vicious habit.

In homœopathic asylums there is, or should be, no temptation to substitute sedative treatment for mechanical restraint. According to an article in the *Archives of Medicine*, referred to above, Hyoscyamia, Morphia, or some other narcotic is employed to secure needed vital rest, but not often in place of restraint. Mechanical restraint will not suffice for rest, so it is found that the more mechanical restraint used, the more chemical restraint is required. Still, Dr. Conolly, alluding to the claim made by the English that no restraint whatever is needed, writes that upon investigation he learns that in all asylums so easy of management, a few auxiliary means are necessary. It may be a padded cell, gloves like the boxer's, thick garments, a surveillance exercised every instant by two or more attendants, who delicately receive in their robust arms the over-boisterous patient, or it is the lavish use of narcotics.

Under the benign influence of homœopathy, however, re-

straint is rarely needed and narcotics not at all. We learned from inquiry that no form of anodyne is ever employed at Middletown,—a statement which Dr. Talcott virtually reiterates in his contribution to Wilbur's article in the *Archives of Medicine.*

As clinical experience adds to therapeutic precision, the necessity for restraint will proportionately lessen, and the temptation to use narcotics will vanish entirely.

Interpreting Hahnemann by Hahnemann.—We invite a careful perusal of the article in the present number, entitled *Thoughts on the Organon*, by Professor Korndœrfer. Two months ago we ventured to suggest the need of an exposition of the *Organon*, which we hoped might hereafter prevent some of the needless misapprehension respecting the teachings of Hahnemann. The paper of Dr. Korndœrfer is in a line with our suggestion, but the plan he has adopted is far better than the one we had in mind. Instead of considering the Organon by *sections*, he simply takes up its *subjects*, and shows, by quotations from any or all parts of the work, just what was in Hahnemann's mind, and what he was trying to inculcate. We are thus protected against blunders similar to those of that large class who build up systems of theology from single passages of Scripture.

Dr. Korndœrfer proposes to write a series of papers of this character, and we are glad to be able to announce that the readers of the Hahnemannian Monthly are to have the benefit of them.

Pathology of Malarial Fevers.—Recently a careful and exhaustive paper on the above subject was laid before the Philadelphia County Homœopathic Medical Society by its author, Professor John C. Morgan. There is probably no man in our profession better qualified than he to speak upon subjects pertaining to general and special pathology, and to this particular department of pathology he has devoted long and careful attention. We publish this month a section of the paper, the balance of which will shortly be laid before our readers. We think it will elicit a large share of professional interest, particularly as the facts and views presented by the author serve to throw light upon the subject of the homœopathic treatment of malarial diseases.

American Institute of Homœopathy.—The executive committee of the American Institute have officially announced a change in the place of meeting for 1882, *from Richmond*,

Virginia, to Indianapolis, Indiana, the time of meeting to be *June* 13th. This action is taken in consequence of "information received by the executive committee from Richmond, Virginia," and from the "Hahnemann Medical Society of the Old Dominion," which "satisfies them that the invitation to meet there was premature." The committee, called to act in so delicate a matter, have recognized the fact that "the Institute, by courteous rotation, should this year meet in the West, and, having received from Indianapolis a renewal of previous invitations to meet in that city, together with assurances of ample hotel accommodations and reduced railroad rates," have selected that city as the place of meeting. This arrangement will probably be more generally satisfactory than any other which could have been made. Dr. O. S. Runnels, of Indianapolis, will be chairman of the local committee of arrangements.

Transactions of the London Homœopathic Convention.—It appears that we have made two mistakes respecting the cost of this book, which we now correct. From information received from Dr. Richard Hughes we learn that the price of the book is eleven shillings, sixpence, with sixteen pence for postage. The total number of pages in the book is 612, which, in connection with the valuable character of its contents, makes it one of the cheapest medical works in the market.

Nota Bene.—Our friends will doubtless remember that with this number, the subscriptions for 1882 are due and payable, and our business manager is never so happy as when receiving your money and signing your receipts. All business communications, remittances, etc., should be forwarded *direct* to Bushrod W. James, M.D., northeast corner of Eighteenth and Green streets, Philadelphia, Pa.

Our business manager would also like to procure copies of the January, August, and September, 1880, numbers of this journal to complete sets. Will those who may have one or more copies extra, please address him as above.

A Suggestion.—If you wish to convince the young doctor who has recently settled near you, of your friendship for, and interest in him, how would it answer to send him a year's subscription to the Hahnemannian Monthly?

☞ Our readers can do us a favor, and add to the interest of our journal by forwarding promptly and regularly to the general editor, any items of professional news, of either local or general interest.

Notes and Comments.

1882.—A happy and prosperous year to YOU.

PROFESSOR BILLROTH has abandoned the practice of nerve-stretching.

SEVENTY-FOUR PHYSICIANS contributed to the HAHNEMANNIAN MONTHLY last year.

HARVARD MEDICAL SCHOOL is erecting a new college building, for which $300,000 has been raised.

ANOTHER NEW MEDICAL COLLEGE has been organized in Chicago. We are happy to announce that it belongs to the other school.

ANOTHER HOMŒOPATHIC JOURNAL, the *Zeitschrift des Berliner Vereins Homœopatischer Ærzte*, has recently appeared in Berlin. Its editors are Drs. Windelband and Sulzer.

ARITHMETICAL PROBLEM.—If a fair, held in aid of a Children's Homœopathic Hospital, by the friends and patients of about a dozen physicians, netted $2500, how much could be thus raised for a General Hospital by the united effort of the two hundred and ninety homœopathic physicians of Philadelphia? *Ans.* $60,416.66.

DR. BRISTOWE has shown, with unapproachable clearness, that, as a scientific system of therapeutics, homœopathy can have no standing.—N. Y. *Medical Record.* And Dr. Bristowe has also shown, with unapproachable clearness, that he knows almost as much about the scientific character of homœopathy as does the King of Timbuctoo's boot-black about protoplasm.

A SPASM OF SENSE.—In England the allopaths have an unwritten law forbidding its practitioners all professional association with homœopathists. Recently the Lancashire and Cheshire Branch of the British Medical Association was asked to formally re-affirm this law, and a test-vote showing that it could poll, at most, a bare majority, the proposition was withdrawn, evidently to save it from the imminent risk of ignominous defeat. Whereat the *Lancet* waxes exceeding wroth.

A CONVINCING ARGUMENT.—Four or five years ago New York placed one of her large hospitals (Ward's Island) in the hands of the homœopathists, and now Chicago has followed her example by dividing her "Cook County Hospital" equally between the two schools. When all our cities and states and the national government shall have exhibited an equal amount of common justice and common sense, the anathemas of the American Medical Association will not scare off so many allopaths as at present from the study and practice of homœopathy. It is surprising to what a degree men's medical opinions can be influenced by loaves and fishes.

ALLOPATHIC RECOGNITION is surely not so desirable as to make it worth while for us to abandon even the least of our principles in order to secure it. The fact is, allopathy already recognizes us a great deal more distinctly than she likes to. There is one thing, however, that we must, and sooner or later will, force her to recognize, viz.: the right of all physicians to study and practice whatever system they please, without the meddlesome interference of self-constituted censors. When we shall have wrung *this* "recognition" from her, the distinctive lines between the medical schools will rapidly disappear, because then all physicians will investigate and accept homœopathy. The warfare we wage is not for a doctrine merely. It is for liberty of medical opinion that we do battle, and until that is secured, God and humanity, science and civilization, all command us to stand by our colors.

New Publications.

A Manual of Histology. Edited and prepared by Thomas E. Satterthwaite, M.D., President of the New York Pathological Society, Pathologist to the St. Luke's and Presbyterian Hospitals, etc., in association with numerous collaborators of New York, Boston, Brooklyn, and Philadelphia. With one hundred and ninety-eight illustrations. New York, William Wood & Co., 1881. Octavo, pp. xiv, 478.

The preface to this volume sets forth the "general demand among members of our profession for a manual of histology, summarizing in concise and plain language our present knowledge in this fundamental branch of medicine." The author, we believe, has not overestimated the need existing for such a book. Kölliker is antiquated; Stricker voluminous; Frey's works, as well as Stricker's, not well expressed for the English-reading student, being written in the characteristic involved German style; Klein and Noble Smith expensive and not suited to the beginner; Schaefer and Rutherford mere laboratory handbooks, and we have not in the English tongue a single textbook of histology well suited to students and practitioners. There is then positive need for such a book.

It is divided into three parts and twenty-eight chapters. It would have seemed better to include microscopical technology in Part I, the histology of simple tissues in Part II, and that of the organs, etc., in Part III. Instead we have Part I, comprising microscopical technology and histology of the simple tissues; Part II, a continuation of the histology of the simple tissues, and the histology of the organs; Part III, a continuation of Part II.

There are 198 illustrations, many borrowed from well-known textbooks and monographs. Some of the original ones are very good, viz., the diagrammatic illustrations in the chapter on the nervous system by R. W. Amidon.

Chapter I discusses apparatus, reagents, and "how to use the microscope." Chapter II "methods for preparing microscopic objects." It seems an inappropriate arrangement. Chapter I, we think, might have discussed the microscope; Chapter II apparatus, reagents, and methods of preparing subjects, these subjects being closely related. Chapter I opens with a description of the apparatus and reagents essential for histological work. First, "*small forceps*" are recommended, without indicating whether the bite should be serrated or not. Forceps for this purpose should be straight, six inches in length, with a broad handle, weak spring, tapering extremity, non-serrated, and very smoothly finished at the point. Such forceps are not found in stock. The remaining instruments recommended are those essential to histological work. "How to Use the Microscope" introduces "illumination" in its relations to microscopy. The paragraph on "General Directions" on the use of the instrument, which properly should begin this article, is found eight pages further on, mixed in with instructions for preparing microscopic objects. After the mention of different lights, moderators, etc., "Stage Diaphragms" are described at some length. Diaphragms, not having to do *directly* with illumination, it would have been

better to postpone their consideration until "Mirrors," and "Direct and Oblique Light," the succeeding subjects, had been enlarged upon. Two paragraphs on the "Arrangement of the Object" follow instead of being incorporated in their proper places when considering "Methods of Preparing Microscopic Objects." "The Kind of a Lens to Use," and "How to Keep the Instrument Clean," are subjects which afford ample opportunity for good common-sense advice, but, Josh Billings-like, our author wanders some from his subject.

The next sub-head is "Testing the Microscope—its Uses." Should we depend upon the contents of this part for information on the "uses" of the microscope our ideas of its capacity would be rather small. However, we are taught how to ascertain magnifying powers of different combinations, "How to Estimate the Size of an Object," "Testing a Lens," once more "How to Illuminate the Microscope," "Testing the Eyepiece," "Testing High Lenses," and, finally, "Measuring the Angle of a Lens." It would be wasting time to comment on such arrangement. Any grammar-school scholar would be disciplined for a composition showing so little thought as to the analysis of his subject.

In reference to the subject-matter there is very little that is favorable for us to say. It is bewildering, misleading, and expressed in bad English.

Our subject is introduced by a bungle,—on the printer's part, we hope,—for it cannot be supposed an author would repeatedly refer to an appendix not written. We are directed by a foot-note to refer to "Appendix A." for special information on the mechanism of the microscope and its optical principles. We have diligently searched for this appendix, but in vain. Several times reference is made to this *ignis fatuus*. It is thus that important matters are omitted.

That the bull's eye condenser "never comes into use in histological work" is a serious mistake. Dr. J. Edwards Smith, who is constantly engaged in this kind of work, considers the bull's eye an indispensable accessory. Mr. John Phin thinks it one of the most useful appliances in microscopy, and from our own experience we cannot understand how any one can work comfortably without it. "A thin sheet of blue glass may sometimes be found to assist the eye when artificial illumination is used, as the light is made white." If the author means by this that the yellow light from the lamp flame is rendered white by the interposition of a sheet of blue glass, we again beg leave to differ. We think this to be incorrect theoretically, and know it certainly is contrary to our experience. The interposition of colored moderators has always had the effect of giving us a field of the same color as the interposed glass. The only moderator which, in our experience, has had the effect of whitening the field is the same as is used in transit instruments, and known as "smoke-glass." "Central light" the author very incorrectly terms "direct light," and considers it the only mode of illumination much used in histological work. Were this a fact many of the relations of the finer structures would be little known.

"The appliances that regulate this matter are called stage diaphragms. Sometimes they are simply cylindrical tubes with capped tops. . . . When

polished they undoubtedly aid in converging the light upon the aperture." How rays from a concave mirror, focussing at about the plane of the object, can be "converged" by polished surfaces whose planes are divergent from direction of plane of rays, we cannot understand. Nor do we see how such surfaces can converge rays that are parallel to their own planes, as when the light is reflected from a flat mirror.

Again we differ when he says that only the poorer lenses require oblique light for their performance, for we very well know the poorer lenses will not take rays of great obliquity, and that our very best lenses require oblique light for the resolution of the highest tests. "Some of the highest lenses require artificial light." We take for granted the lenses referred to are about the $\frac{1}{100}$th or $\frac{1}{150}$th of an inch focus, for we have never seen them and know nothing about their requirements practically. As far up as we have gone, viz., the $\frac{1}{50}$th, we were able to get good results from sunlight.

Concerning this whole matter of "illumination," we think, had the author had "direct" "illumination" on the subject in hand it would have been better for the success of his little book.

In the much-out-of-place paragraph on the "Arrangement of the Object" we fail to find any hints as to the placing of cover to prevent the formation of air-bubbles, a point that should not be omitted when instructing novices. We do most decidedly object to the use of those arbitrary terms, "short," "long," "deep," or "shallow," as applied to eye-pieces. They mean nothing, and few writers or readers understanding which means what, they necessarily cause confusion.

During the consideration of "How to Keep the Instrument Clean," the student is told how valuable it is for him to be familiar with dirt and dust microscopically.

Think of pleurosyma angulatum being considered as *the* test for a $\frac{1}{12}$th, and that "*probably*" the 19th band had been resolved by some "American lenses." Imagine the feelings of our author when some day it may fall to his lot to see and handle a good lens! Will he survive the shock?

The polariscope, we are most happy to say, is mentioned among apparatus for the study of certain tissues. This is a step in the right direction. Phin says in his most valuable little book on "How to Use the Microscope:" "Polarized light, except for the mere beauty of its effects, has not received the attention it deserves." As to its application in pathology and histology Dr. Frey says: "The examination of tissues by polarized light has a high scientific value, as, by this means, molecular relations become evident, which, by investigation with ordinary light, remain entirely obscured."

Chapter II, on "Methods of Preparing Microscopic Objects," starts out with instructions as to the kind of microscope best adapted to histological work, a question which should have been disposed of in the section on the microscope. We cannot agree that short microscopes without a trunnion joint are the most convenient. Instruments with a trunnion joint are made by many of our best makers sufficiently steady for all purposes. Because we can get along with an inconvenient instrument is no reason why it should be perpetuated in the laboratory to the exclusion of that which is better.

Methods of examining fresh tissues rapidly are fairly detailed and include the following interesting paragraph upon the subject of dyspepsia as it appears in women: "By this method striped muscular tissue may easily be detected; and it also happens to be a good example, because it is frequently brought to microscopists for examination. In certain forms of dyspepsia, especially in women, it is common for ingested meat to pass through the alimentary tract with very little change."

The next section is entitled "The Ordinary Methods of Preparing Tissues." Rather an indefinite caption for a section on the hardening of tissues, particularly as only hardening solutions are mentioned, and no general instructions are given for the preparation of tissues for the hardening agent nor for the use of any of the temporary preservative agents, such as Chloride of sodium, as used by Heitzmann, or camphor water, etc., as used by many. "Muller's fluid" is first mentioned and placed first in importance. It is stated that "specimens may be preserved in it for years, and still retain all the characteristics which make them suitable for microscopic study." While it is true they "*may* be," yet, as a rule, deterioration occurs from the prolonged use of almost any of the hardening agents, other than alcohol.

"Potassium bichromate solution" is placed second, and the paragraph concludes: "It appears as if the chromic acid and chromate solutions prepare them particularly well for the process of staining in various colors." This statement is contrary to the opinion held by most histologists, who have devised various methods to secure the more thorough staining of tissues hardened in these fluids, as, for instance, soaking sections in bicarbonate of soda, etc.

Seven other methods of hardening tissues are mentioned. Chromate of ammonia and its results in relation to epithelial tissues are omitted, and curiously enough the spirit process, or hardening with alcohol as well as chromic acid, the commonest agents used in this country, are not even mentioned. It is true that alcohol is spoken of as a means of completing the hardening begun by potassium bichromate, but we do not learn of it as an independent agent for hardening tissues.

Two imbedding mixtures are recommended: 1. Wax and oil; 2. Glycerine and tragacanth. Superior to all other mixtures, and in quite common use, is a mixture of three parts of paraffine to one of mutton tallow, the proportion of tallow being varied according to the temperature, more being required in winter than summer. We do not see any advantage in embedding mixture number two. Its use requires too much time, and tissue can be preserved in the paraffine mixture as well.

The hand section-cutter, a freezing microtome, devised by the author and Dr. Hunt, of Brooklyn, and one by Professor Hailes, of Albany, are described. The freezing microtome has thus far disappointed even its admirers. Very little has been gained from its use, and it is unfortunate that the student is first introduced to a complicated piece of machinery, looking as if it needed an engineer to manage it, rather than to a plain microtome, for instance, as that made by R. & J. Beck, and in constant use by our best histologists. A most remarkable statement occurs in connection with this sub-

ject on page 19: "The art of cutting is readily acquired. Two hundred or two hundred and fifty sections have been made in a minute and of a uniform thickness of $\frac{1}{1200}$ of an inch. . . . The knife employed is an ordinary long knife from an amputating case." This would require the *raising of the tissue by the turning of the screw, together with the sweep of the knife, with occasional moistening of the tissue with a brush, over four times per second,* not to mention the occasional removal of the sections from the knife blade, as it would hardly accommodate two hundred and fifty at one time. To do all this and secure a uniformity of $\frac{1}{1200}$ inch is such a prodigious feat that it requires no comment. No mention is made of the very valuable mechanical knife-carrier introduced by Dr. C. Seiler.

Next follows the section on "staining fluids." Some thirty fluids and methods are enumerated. Had fewer been noticed, and more space devoted to the modus operandi of using the more useful of them, the value of this section would have been greatly enhanced. As it is, it is pretty nearly useless. It is of more importance to the fresh histological student to have plain, explicit directions for the use of carmine, logwood, and indigo than to know that "Alizarine is recommended by Thanhoffer, but experience is limited with reference to it," and kindred statements which abound.

The first fluid considered is "Ammonia Carmine." We quote: "This is one of the oldest and best known solutions. Take one part, by weight, of the best carmine, known as 'No. 40,' dissolve it in 100 parts of distilled water, and add one part of aqua ammoniæ. The previous dull color now gives place to a most brilliant and deep red. It is necessary, however, that the carmine be either neutral or faintly alkaline, else the color will diffuse and the tissues will not be differentiated. Expose the fluid, therefore, for some weeks to the air, or evaporate over the water-bath until the odor of Ammonia is no longer perceptible. The nuclei should be deeply and brightly stained, while the intercellular substance is in no wise affected. If, however, diffusion has taken place, a great deal of it may be removed by soaking the section in a saturated alcoholic solution of oxalic acid. When a brick-red color has in this way been obtained the object has been accomplished. Crystals of oxalic acid are apt to be found in specimens that have been prepared in this way. It is therefore desirable, after using the acid, to wash thoroughly in alcohol or water." Imagine a student, without assistance, attempting to stain sections according to these directions. Self-evident questions immediately arise in his mind. Do I dilute the fluid or use it at full strength? How long do I leave the sections in the fluid? What shall I do with my sections after removal from the staining fluid? This section should have been prefaced by one setting forth plainly the general methods of staining and mounting sections. We cannot understand the omission. It cannot be said that it was too elementary, after describing the methods of hardening, imbedding, cutting, staining, etc. Arnold's formula for "Borax Carmine" follows. Woodward's method of carmine staining, which we believe is far superior to any known process, is not mentioned.

"Double staining by Borax carmine and Indigo carmine," as practiced by Norris and Shakespeare, of Philadelphia, is given. This process has not

met with much favor. Double staining with Borax carmine and Sulphindigodate of soda, as advised by Seiler, is not mentioned. Under Picro-carmine it is stated that "sections should remain in the Picro-carmine solution for about twenty-four hours," but it is not stated whether the Picro-carmine is used in its full strength or diluted. Four Hæmatoxyline solutions are given. The strength for staining purposes of the first two, Boehmer's and Kleinenburg's, is not stated. The directions for the next two, Miller's and Klein's, being quoted, are fairly given: "Eosin, ... it is customary to have a strong solution of one to ten or twenty on hand;" and later: "It is apt to diffuse, unless special care is taken, and long soaking, say for twenty-four hours, is practiced." What is the Eosin dissolved in? What are the sections soaked in?

Under "Double Staining with Eosin," etc., we read: "Care must be taken not to extract the color when dehydrating the specimen in alcohol according to the usual method." As indicated earlier this "*usual method*" should have been taught the student before he was introduced to a variety of staining fluids, and not stated in a fragmentary manner under a variety of methods. Under the head of "Metallic Solutions," and first "staining with osmic and oxalic acids" we are told "preparations are left for one hour in a one per cent. solution of osmic acid; then they are carefully washed and soaked in a cold saturated solution of oxalic acid." What fluid they are washed in or how long they are soaked in the oxalic acid, we are not told.

Under "Chloride of Gold and Lemon Juice," directions conclude: "and finally twenty-five to thirty minutes in distilled water, to which one or two drops of acetic acid have been added. After two or three days' exposure to the sun the fibres become distinct;" whether exposed in the acetic acid and water or some other medium is left for guessing.

The histological portion of the work we can speak better of. Some portions possess great excellence, others are defective, but on the whole it will be of more service to the student than any work of its kind. It is to be hoped that future editions will exhibit a more thorough elaboration of that portion of the work specially reviewed. * * *

Visiting List and Prescription Record. Perpetual. Otis Clapp & Sons, Boston, Mass.

This visiting list is on a par with the others which we have recently considered. But it possesses one advantage in being perpetual, and so may be used until filled. It is furnished with a two-page calendar, one for 1882 and the other for 1883. F.

The Physician's Quarterly Record and Statement. A Day-book and Ledger, with Bills for Three Months' Attendance upon Fifty Accounts. By David Heston, Station F, Philadelphia. Price, 80 cents.

This book is designed to save the precious time of the physician in the matter of keeping accounts, besides furnishing a very convenient means of making quarterly statements to each patient. The book may be obtained with or without the blank space for "discounts," as per order. D.

Insanity and its Treatment. Lectures on the Treatment of Insanity and Kindred Nervous Diseases. By Samuel Worcester, M.D., Salem, Mass. Published by Boericke & Tafel. 1881.

This book embraces nineteen lectures, including nearly all known forms of insanity, and also hypochondriasis, chorea, catalepsy, somnambulism, etc. They were delivered before the Seniors at the Boston University School of Medicine, and now appear in print, revised and enlarged.

The writer expresses himself in plain, clear language, and shows a thorough reading of the literature of his subject. Not only are quotations numerous, but the attention to details proves that he has well understood his difficult theme.

After a brief survey of the subject of mental diseases, he proceeds to definition of terms. Next follow the early symptoms of the insane, and the causes of mental aberration. The author next assays the difficult task of classification. Following these are detailed descriptions of forms of insanity.

The medical treatment is eminently homœopathic. The author does not attempt to offer much that is new from personal observation; but quotes commendably from Dr. Talcott, from whom he acknowledges private communication as well as published papers. The excellent and terse observations of Dr. Talcott greatly enhance the value of the book. Dr. Worcester also quotes from Drs. Lilienthal, Hart, and a few others. Dr. William M. Butler's "Indications for Fourteen Remedies in the Treatment of Insanity" are also very properly incorporated.

So far as we are able to judge, the several departments of the book are admirably written. They are full of information, and we cannot do without them. The chapter on that terrible affliction, "General Paralysis of the Insane," is a masterly production. It covers more than forty pages, and includes observations and statements from over thirty accredited authors!

In conclusion we wish to comment on the general tone of the book, especially in the first lecture on a "General Survey of Mental Diseases." Books express many of the attributes of their authors. This is true, whether we refer to original matter or to quotations. And the work under review plainly proves that its writer has no sympathy with the materialistic ideas too prevalent in modern psychology. This is clearly deducible from such expressions as the following: "We can subscribe to the doctrine that with each display of mental power there are correlative changes in the material substratum, and, without subscribing to the doctrine *that mind is the product of matter*," etc. Thus does he several times quote an author and then adroitly sift the grain and throw away the chaff.

On page 13 of this same lecture, Dr. Worcester says: "The human will is in the cerebellum, whence come the affections, passions, and desires. The human understanding has its seat in the cerebrum, and thence come the thoughts." We think that few, if any, will subscribe to this bold assertion. Gall possibly might have admitted it. More modern writers will not. In the last century Swedenborg promulgated the doctrine that the involuntary will, or that which controls the organs and functions through the sympathetic nerves, resides in the cerebellum. This will, too, has an influence

upon the cerebrum, chiefly by means of the superior cerebellar peduncles. But he also taught that there is a *voluntary will in the cerebrum;* and that relatively to the understanding, it resides in the right cerebral hemisphere, the understanding possessing the left. By this voluntary will, man controls all of his conscious existence. This view we accept; but cannot subscribe to Dr. Worcester's view. F.

A Handbook of Uterine Therapeutics and of Diseases of Women. By Edward John Tilt, M.D. Fourth Edition. November issue of Wood's Library. 1881.

This work is full of compound prescriptions, heavy doses, etc., which are of no interest to the homœopathician. F.

Drugs that Enslave—the Opium, Morphine, Chloral and Hashish Habits. By H. H. Kane, M.D. Published by Presley Blakiston, Philadelphia.

The frontispiece to this work is the famous statue of Laocoön. And it portrays, in a most effective manner, the horrors of the habitués, which are so graphically described in the body of the work.

One hundred and forty-eight pages are devoted to the Opium habit, its effects and treatment. Of the remaining pages, 58 refer to the chloral habit, and 15 to the Hashish habit.

The book is instructive to the student of materia medica as well as to him who would learn more of a form of evil, which is lamentably on the increase. Concerning the treatment we have nothing to say, unless to condemn it, at least so far as to medicines. Some of these habitués, especially that of opium-taking, will never be cured while physicians persist in morphia injections for the relief of pain. They are the teachers, and the people are their apt pupils. F.

Gleanings.

Home Gymnastics.—One of the more prominent reasons for the general neglect of gymnastic exercises is the want of proper facilities. Few business men or women can leave business for the purpose of spending an hour in a public gymnasium during the day, and most of them are too tired to travel down town for such a purpose in the evening. The same statement will apply, more or less, to the student, the professional man, and the clerk. The objection can be fully overcome only by providing facilities for gymnastic exercises at home. One of the best—because most complete—arrangements of the kind, that we know of, is that of Gifford Brothers, No. 483 Fifth Avenue, New York. It is adapted to the needs of any age, and of either sex, and furnishes the means for the moderate, as well as the severe, exercise of nearly the whole muscular apparatus.

It should not be forgotten, however, that gymnastic exercises often fail of their purpose, or even result in positive injury, simply because the operator knows too little of the proper methods of applying them, or of the needs of his own organism. Here too, as in medication, individualization is of prime importance.

Infantile Marasmus caused by the Milk of Pregnant Cows.—At the recent session of the American Public Health Association in Savannah, Ga., during the discussion on the diseases of animals and their possible introduction into the human body by the medium of the animal's milk, Dr. Falligant, of that city, made a suggestion as startling as it was sweeping. His remarks were in substance as follows:

"It is well known that a mother who is nursing an infant and becomes *enceinte* is generally compelled to stop nursing her child, not because her milk is poisonous, as is popularly believed, but because it is deficient in nutritive properties by reason of the fact that the intra-uterine being appropriates for its own development the supply of animal elements provided intra-maternally, and leaves but a slim quota for the nursing babe. Hence the child wastes away into a state of marasmus and dies. Now the parents of these children in almost every household in the land (if such a case occurs therein) procure and administer cow's milk, never once questioning whether the cow may not be in a procreative condition similar to the mother, and its milk in like manner and from like cause deficient in nutritive qualities. It seems to me that if this view is more thoroughly investigated, it will be found that many cases of infantile disease, now attributed to some poisonous quality of the milk, are in reality due to a deficiency in its nutritive qualities only; this deficiency resulting from the causes and in the manner just stated."

It is surprising that the literature of medicine thus far throws but scant light on this widespread source of probable danger to infants.

More Statistics: Homœopathy against Allopathy.—The Homœopathic Medical Society of Minneapolis has been overhauling the records of that city to find out who is responsible for the large number of deaths occurring from typhoid fever and diphtheria, and the results are interesting.

This society contains eighteen active members, while the allopathic society has thirty-six—just twice as many. The city directory also contains the names of fifty-one practitioners outside of these societies—not counting transient frauds, most of whom are so-called "regular" graduates, and all of whom are liable to report deaths to the health officer. The total of practitioners thus noted—the law making no distinctions for the protection of the public—is 107.

The following summary will show how the losses are divided among the three classes of physicians:

		Total.	Homœopathic.	Allopathic.	Others.
July,	Typhoid,	5	—	2	3
	Diphtheria,	4	—	3	1
August,	Typhoid,	46	3	30	13
	Diphtheria,	6	2	4	—
September,	Typhoid,	41	—	26	15
	Diphtheria,	8	1	3	4
October,	Typhoid,	60	1	37	22
	Diphtheria,	12	1	5	6
November,	Typhoid,	39	3	17	19

From these tables it will be seen that the homœopathic society (eighteen members) lost seven cases of typhoid fever, and four of diphtheria; and the allopathic society (thirty-six members) lost one hundred and twelve cases of typhoid fever and fifteen of diphtheria; and that the remainder is divided up among the outsiders. It may be objected to this exposition of the facts that the allopathic losses include those of the city physician and coroner, both of whom are members of the Hennepin County Medical Society. But during the month in which the most deaths are chronicled (October)

only five are credited to these officers; less than one-eighth of the society's total loss.

Perhaps we ought, in charity, to recall that the college hospital reports *eleven* deaths of thirty-one patients admitted in November.—*Pioneer Press*, Friday, December 2d, 1881.

A Modification of Lister's Antiseptic Dressing.—In the *New York Medical Journal and Obstetrical Review* for December, 1881, Dr. James L. Little, Professor of Clinical Surgery in the University of the City of New York, states that, while having full confidence in Mr. Lister's antiseptic method, he, like many others, has long recognized the great difficulty that must needs be experienced by the general practitioner in attempting to carry out the minute details of the dressing. Aside from the difficulties incident to the application of Mr. Lister's dressing, it has been found that surgeons in country towns distant from large cities have great trouble, and often are unable to procure good antiseptic gauze at the time when it is needed. The gauze sold in most of our stores is frequently not in an antiseptic condition, and, as Dr. R. F. Weir has demonstrated (*New York Medical Journal*, January, 1880), even when kept wrapped up in rubber cloth and in a box it will deteriorate in a few months. Furthermore, the materials necessary for fully applying Mr. Lister's dressing are somewhat expensive, a very important fact when we consider that the majority of accidents and operations that call for this procedure occur among those who are able to bear but little expense. Dr. Little has for several years been surgeon to a large factory in New York, in which three thousand hands are employed, and where injuries by machinery are quite frequent. These injuries consist chiefly of wounds of the hands and fingers, caused by their being caught in the cog-wheels and other parts of the machinery. In many cases the fingers are torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases he has, for the past six years, been using the following simple antiseptic dressing: Having put the parts in a a condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty: he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages made of antiseptic gauze, but for the past three years has used those of plain uncarbolized cheese-cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid of the strength of one to one hundred. The author employs Squibb's solution of impure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desired strength. The parts should be kept at rest, and the dressings may be left undisturbed for several days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered indications for renewing the dressing. In many cases where rubber drainage-tubes have been used they may be removed at the second dressing, and, if catgut has been used for sutures, this second dressing can be allowed to remain on for an indefinite period. In a number of cases of lacerated wounds the first dressing has been allowed to remain on until the wound has entirely healed. In these cases the external use of carbolic lotion was discontinued after the fifth or sixth day, and the dressings would become dry and hard, the wound healing, as it were, "under a scab." The patient should be instructed to loosen the bandage at once if any pain occurs. Out of nearly three hundred cases of open wounds involving the fingers and hands, thus treated, not one has been followed by inflammatory symptoms. Extensive lacerated wounds have healed, and dead tissue has sloughed

away, without giving rise to any of the so-called symptoms of inflammation. Neither pain, redness, heat, swelling, nor constitutional disturbance has resulted. In no case has there been reddening of the lymphatics or tenderness of the glands. No counter-openings have been necessary. Pain has been entirely absent, so that anodynes have not been needed, save in a single case, and that for one night only, and to control slight restlessness. The author thinks these results the more remarkable from the fact that many of the patients were in an unhealty condition, some suffering from anæmia, some from cardiac disease, phthisis, and the like.

The Latest Attainment in Test-plates.—Mr. G. Fasoldt says, in a letter to the *American Journal of Microscopy:* "I have ruled plates up to 1,000,000 lines to the inch, one of which was purchased by the United States Government at Washington. These plates show lines truly and fairly ruled, as far as lenses are able to resolve, and above this point the *spectral* appearance of the bands in regular succeeding colors (when examined as an opaque object) shows, beyond doubt, that each band contains fairly ruled lines up to the 1,000,000 band. I do not believe that I will ever attempt to rule higher than 1,000,000 lines per inch, as from my practical experience and judgment, I have concluded that that is the limit of ruling."

Experimental Research on Tuberculosis.—In the Philadelphia *Medical Times* of December 3d, 1881, Dr. Orlando C. Robinson gives the results of a large number of experiments on rabbits, cats, dogs, and guinea-pigs; over one hundred animals being used with a view to determine: 1, Whether tuberculosis is a true infectious disease which can be produced only by inoculation with true tuberculous matter; or, 2, whether it is only a simple inflammatory process, with peculiar products, the formation of which is conditioned by a peculiarity of the organism; also, 3, to ascertain the exact structure of tuberculous products and their place in pathology; and, 4, to learn whether tubercles artificially produced in animals are morphologically identical with those occurring idiopathically in man. The materials used were tuberculous cheesy glands and tuberculous lung, both human and from animals, as obtained in autopsies, cheesy matter from animals just killed, normal glands, blood, foreign bodies, tuberculous matter boiled or soaked for a long time in alcohol, or subjected to the action of nitric acid. Places of inoculation were beneath the skin, into muscles, and into the peritoneal cavity. The following conclusions are reached:

1. Tuberculosis, artificially produced in animals, is not due to a specific virus. 2. To produce tuberculosis in animals, inoculation with tuberculous matter is not necessary. 3. Failures to produce tuberculosis by inoculation with tubercular matter are in the same proportion as by inoculation with non-tubercular substances. 4. The introduction, under the skin, of any foreign substance, capable of exciting an inflammation or any traumatic injury, can produce tuberculosis, provided the animal is of scrofulous habitus. 5. Scrofulosis in animals is expressed by an inflammation terminating in the production of a cheesy mass. 6. Animals, not generally scrofulous (cats and dogs), may become so, and then only can tuberculosis be produced in them. 7. Miliary tubercles are simply compressed aggregations of cells of any simple granulation tissue, ill-nourished, into small nodes. The arrangement into nodes represents a true ante-mortem act of cells, to which any young inflammatory connective tissue is liable. 8. Under favorable conditions of nutrition, tubercles in animals may undergo a higher organization, becoming converted into harmless small fibromata. 9. Tubercles artificially produced in animals are histologically strictly identical with those occurring in man.

Restitution of Separated Pieces of Bone.—In the *Deutsche Zeitschr. f. Chirurgie,* Jakimowitsch reports interesting experiments showing that bits

of bone from the diaphysis of long bones, which have been removed and replaced, will grow again if soon returned to their former relative position with the rest of the bone. They then form a living part of the original bone. The same occurs when the extracted piece of bone is replaced inside out. A piece of bone separated from all connection with its original locality and pushed into the marrow of the long bone, may become incorporated with the inner surface of the latter and with the callus, which, under these circumstances, forms within the medullary tissue. All the experiments were performed with strict antiseptic precautions, and the most perfect fixation of the loosened piece of bone was secured.—Vide *Philadelphia Medical Times* of October 3d, 1881.

News, Etc.

The New York Ophthalmic Hospital furnished treatment, during the month of November, 1881, for an average of 170 patients daily. The largest number on any day during the month was 237.

The Children's Hospital Fair.—The fair in aid of the Children's Homœopathic Hospital of Philadelphia, held in St. George's Hall, November 14th to 19th, inclusive, netted about $2500 for the treasury of the institution.

The Homœopathic Library and Reading Room was opened on Monday evening, December 12th, with a "Book Reception." Notwithstanding the unfavorable weather, a considerable number of physicians were in attendance, all of whom manifested a deep interest in the undertaking. Quite a large number of books were received. The Lippe Club donated a dozen copies of the *Organon*, and others also brought such books as they had no special use for on their own library shelves. Besides these, some valuable works of reference, together with journals, pamphlets, etc., were contributed, as well as donations in money.

Another Victory.—The homœopathists of Chicago have secured an order from the authorities of Cook County Hospital, placing one-half the institution in charge of homœopathic physicians.

Dr. Youlin's Successor.—Dr. S. Wellman Clark, a graduate of the New York Homœopathic Medical College, has succeeded to the practice of the late Dr. Youlin, of Jersey City. Dr. Clark is a gentleman of fine professional attainments and the highest personal character, and the field is a most important one. Hence we feel like congratulating all parties interested in the arrangement.

Cow-pox prevailed among the cattle in certain parts of India during the past summer.

Oriental Sanitation.—Our business manager, recently returned from a tour in the far East, reports that nearly every Oriental city he visited is in an exceedingly unsanitary condition.

Puerperal Annoyances.—The Bureau of Obstetrics of the American Institute of Homœopathy has decided to investigate during the present year "Puerperal annoyances, and the best methods of overcoming them." That this may be more perfectly accomplished, physicians are respectfully requested to answer the accompanying questions fully but concisely. These questions require no reference to memoranda, and it is particularly desired that they be answered "off-hand." Replies should be forwarded to the secretary of the bureau, Dr. George B. Peck, Jr., of Providence, R. I. From the answers received, a report will be prepared for presentation to the

American Institute at its next session in June, 1882. Physicians may communicate their views and experiences to Dr. Peck in the fullest confidence that their reputation will be conscientiously guarded in this matter just as in his reports on "Placenta Prævia" and "Puerperal Mortality" (see HAHNEMANNIAN MONTHLY of last year). Following are the questions. Answers from experienced physicians, not members of the Institute, would doubtless be also acceptable.

1. What dietary (if any) do you recommend during fœtation with a view to lightening labor?
2. What have you found to be the best means of accelerating dilatation when interference (either medical, mechanical, or topical) seems necessary?
3. What considerations (in general) prompt you to such interference?
4. In about what proportion of cases have you employed anæsthetics?
5. What anæsthetic?
6. Why that?
7. Upon what indications?
8. With what results?
9. In about what proportion of cases do you use forceps? Whose? And with what disadvantages, if any?
10. When and how do you sever the cord?
11. What attention do you render the child in the interval between that act and its birth?
12. What attention do you give the uterus between the emergence of the child and of the placenta?
13. When and how do you deliver the afterbirth?
14. How do you prevent uterine relaxation after the expulsion of the placenta?
15. Have you observed any relation between the size of the post-partum uterus and the character or intensity of after-pains?
16. Can you by "expectant treatment" diminish the intensity or avert the occurrence of after-pains?
17. What have you found to be most efficacious to relieve after-pains?
18. What refreshment do you provide for the babe until milk shall appear?
19. What food do you order for the babe in case of agalactea? and how prepared?
20. What is your treatment of the mammæ when the child is lost?
21. How do you resolve "caked breasts?"
22. What is the best treatment (internal or external) for sore nipples?
23. What style of shield do you order, if any?
24. What has been your most successful treatment of milk-leg?
25. What topical application do you use?
26. How long have you practiced medicine?

MARRIED.—LEWIS—COOPER.—December 20th, 1881, at the residence of the bride's parents, 741 North Twentieth Street, by the Rev. Robert Edwards, of St. Matthias Protestant Episcopal Church, Joseph Creswell Lewis, M.D., of Frankford, to Miss Eliza Campion, daughter of William Penn Cooper, Esq., of Philadelphia.

DIED.—WILLIAMS.—Of phthisis, on December 3d, 1881, at his residence, Lebanon, Pa., Edward C. Williams, M.D., aged twenty-eight years. Dr. Williams was a graduate of the Hahnemann College of Philadelphia, of the class of 1878, and during the brief time he was engaged in practice had drawn about him a large circle of friends and patients.

OFFICE OF THE HAHNEMANNIAN MONTHLY, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

Send all business communications direct to our office.

LAWRENCE COLLEGE OF PHILADELPHIA

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, February, 1882. No. 2.

Original Department.

LYCOPUS VIRGINICUS.

BY F. F. LAIRD, M.D., UTICA, N. Y.

(Read before the Oneida County Medical Society.)

NATURAL ORDER, LABIATÆ; COMMON NAME, BUGLE-WEED; PREPARATION, TINCTURE OF WHOLE PLANT.

Special Analysis.

Mind.—Increased mental and physical activity in the evening. Vital depression.

Head.—1. *Sensorium.*—Vertigo even while sitting and when walking, *with a tendency to stagger to the right;* worse forenoon and evening; unassociated with nausea.

2. *Intelligence.*—Slight obtusion, with aching in sinciput; difficulty in concentrating thought; mind wanders from one subject to another.

3. *Headache.*—(*a*) *Frontal over eyes* or in *frontal eminences,* with a tendency to pass from *left to right.* (*b*) *Fronto-occipital,* also well marked. (*c*) Temples. (*d*) General head. The pains are characteristically *aching, pressive, congestive,* frequently followed by labored action of the heart. They are generally worse from 3 to 7 P.M., and from walking; not relieved by cold; slight relief from pressure. Accompaniments are slight obtusion of intellect, toothache, and pressing out pains in eyes.

Eyes.—1. *Globe.*—Pressure and pressing-out pains accompanying headache.

2. *Orbit.*—Dull pains in left supra-orbital region; neuralgic pain in right supra-orbital region and in left testicle.

Ears.—1. *External.*—Burning of right ear, lasting an hour or more.

Nose.—*Internal.*—Slight nasal catarrh with sneezing. Smell normal.

Face.—Aching in left inferior maxillary articulation. Parched feeling in upper lip in forenoon.

Mouth.—Aching pains in right lower molars, passing to left, or constant in left. Sharp pain in lower molars, passing to right temple, then to left lower molars, then to left temple, then to right lower molars, then settling in loins with frontal oppression. Sensation of rawness and burning spot at back of palate. Tongue and taste normal. (Compare *Stomach.*)

Throat.—1. *Internal.*—Irritation in fauces, causing cough during evening. Subacute pain in pharynx, worse during deglutition.

2. *External.*—Painful stiffness in left inferior maxillary region, extending to nape of neck, making movements of the head difficult (in the afternoon). Pain steady and deep in right parotid gland, and at angle of right maxillary.

Œsophagus, Stomach.—Strange feeling from œsophagus to pharynx. Circumscribed pain in epigastric region. Persistent nausea rising from back of fauces; relieved by eructations, tasting of tea and the drug, succeeded by vertigo. Slight nausea with faintness, worse in evening. We find no vomiting, no loss of appetite, no tenderness to pressure. The tongue is clean, the taste normal, no thirst; hence nausea must be reflex and not dependent upon any disease of the stomach.

Hypochondrium—*Left.*—Tenderness in left hypochondrium. Lugging pain in spleen for several hours at 9.45 A.M.

Abdomen.—1. *General.*—Intestinal flatulence with rumbling. Tenderness in abdomen at 8 A.M. (Compare *Bladder.*)

2. *Inguinal Region.*—Aching in both inguinal canals; worse walking; relieved by upward pressure on external ring. Bearing down in left inguinal canal, as if a hernia would protrude, with acute pain when walking, relieved by upward pressure on external ring. Soreness in right inguinal canal; worse morning, afternoon, and evening. (Compare above symptoms with those of *Testes.*)

Stool.—1. *Nature.*—Peculiar dark shining brown, slimy; slimy yellow or grayish-yellow, shining; first part solid; second part shining, slimy brown; papescent shining; offensive, forcible, profuse.

2. *Before Stool.*—Griping colic; during stool tenesmus (semi-solid stools).

3. *Accompaniments.*—Increased action of bowels aggravating the diarrhœa; could have had a passage any time of day, but perfect control over the sphincter.

Urinary Organs.—1. *Bladder.*—Tenderness in, at 8 A.M. (Compare *Abdomen.*) Bladder feels much distended when empty, with dull pain in lumbar region, especially left.

2. *Urine.*—(*a*) *Specific Gravity.*—Increased from 1012 to 1020 (second day). (*b*) *Deposits.*—Mucus, epithelial cells, oxalate of lime crystals, spermatozoa.

Sexual Organs, Male.—Neuralgic pain in left testicle, with right supra-orbital pain; acute aching in left testicle while sitting, at 1 P.M.; or with occasional darting pains, changing to right, then to left (after rising). Acute pain in testes from right to left, then right, then both; recurring and lasting whole evening, with aching in inguinal canal. Sharp, darting pains through left testicle (epididymis) several times repeated, at 10 P.M.; passing to right testicle, leaving dull achings, recurring till 12 M. These symptoms should render the drug of great value in neuralgia of the testes. It may also prove serviceable in orchitis.

The presence of a large number of spermatozoa in the urine would suggest its use in seminal emissions and spermatorrhœa, but no other symptoms point in this direction. The appearance of the spermatozoa is of great interest, however, in showing the close analogy between Lycopus and Digitalis, the latter being one of our most efficient remedies in seminal emissions.

Female (clinical only).—1. *External.*—Puffing of the parts on and around pubes and vulva, with dilated condition of vagina. Then heart's action was tumultuous, œdema was gone. Vagina very hot, os uteri engorged and swollen.

2. *Internal.*—Menses last from half an hour to six hours; intermitting for ten or twelve days. Menorrhagia and metrorrhagia. From analogy we might infer, from its action on the testes, similar ovarian affections.

Respiratory Organs.—1. *Larynx and Trachea.*—Constriction in larynx at 7 P.M. Cough deep, violent in evening and during night without waking. Expectoration pale, sweetish, unpleasant tasting, at times difficult. Cough and expectoration renewed by change to colder weather and by cold winds.

2. *Respiration.*—Oppressed with sighing breathing, at 7 P.M. Wheezing in evening. Dyspnœa as from bronchial cold, worse in evening. Oppressed respiration in evening, with sighing. Accelerated respiration during exercise, much more marked while ascending stairs (early part of day).

3. *Thorax.*—Severe pain on right side of thorax at insertion of pectoral muscles; worse from inspiring deeply in even-

ing before retiring; returning in morning on awaking; passing during day to apex of heart, to right axilla, down pectoral muscles to former spot, again to apex, passing off right side of thorax. Acute darting pains at apex of heart. Sense of constriction across lower half of thorax, impeding respiration, with subacute pain; worse lying on right side (on awaking).

Pleurodynia below fifth right costal cartilage passing to left, then to right (on awaking), also from third to seventh interspace, left.

The grand characteristics of these myalgic pains are the aggravation in morning on awakening and amelioration from lying on the right side (*vide* Heart).

HEART — *Subjective. — Constrictive pain and tenderness around the heart.*

Very marked sensation of constriction in cardiac region.

Sensation of pressing outward in cardiac region, not painful.

Rheumatoid aching in præcordial region and at apex followed by rheumatoid pains in left wrist, inner side of right calf and sub-clavicular region, and again in left wrist and region of apex.

Cardiac oppression and labored action. Darting pains at apex. Palpitation and cardiac distress, *worse morning and evening.* Tumultuous and forcible beating of the heart (clinical).

Acute darting pains in heart with complete intermissions of pulse and heart-beat.

Objective.—Heart-beat much more distinct on right of sternum. First sound replaced by a blowing sound of mitral regurgitation heard upwards in clavicular region and particularly between scapulæ; second sound pointed, short, sharp.

Pulse markedly reduced, 48, 58; weak, compressible.

*Pulse stronger than indicated by cardiac impulse.**

NECK.—Congestive pain in nape with severe continuous lumbar and dorsal pain, worse lower left side (in evening). Aching pain in cervical muscles following rheumatoid pains in limbs.

Heavy aching in cervical region.

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* Dr. Morrisson, one of the provers, suffered previously from rheumatic pains, slightly depressed cardiac action, basic heart murmur, which was doubtless hæmic. Nevertheless his symptoms compare accurately with those of a healthy prover, Dr. Chandler, with the exception of the rheumatoid pains.

Lycopus also has cardiac pulsation much stronger than the pulse indications would lead one to expect. But the symptom in the text has been most frequently confirmed.

BACK—*General.*—Severe aching down spine, more from friction, passing off after rising (in morning).

Pain from lower molars went to lumbar region, then went rolling up spine like a ball and settled in mid-dorsal region, chiefly to left of spine; afterwards returned to left molars in evening.

Dorsal Region.—Rheumatoid pains in right scapular muscles. Rheumatoid pains in left supra-scapular muscles and in lower dorsal region.

Hot achings beneath right scapula (evening).

Acute pain at apex of heart, friction driving it to left subscapular region, then going to mid-dorsal and later to apex.

Lumbar Region.—Severe loin pains.

Continuous lumbar pain, not increased by stooping, increased by walking.

Severe continuous lumbar aching (like lumbago).

Dull pain in lumbar region especially left, and bladder feels much distended when empty (Dr. Chandler).

These pains are aggravated principally in afternoon and evening.

UPPER EXTREMITIES.—Rheumatoid pains in forearms and wrists, with trembling of hands, making writing difficult.

Darting pain through right wrist at 10.45 P.M.

LOWER EXTREMITIES.—Left leg feels fully a half inch shorter than right and so sounds when walking.

Rheumatoid pains in knees and muscles of legs and thighs, going from left to right and sometimes wandering to back, with slight lameness and unsteadiness in walking.

SLEEP.—Restless, full of troubled dreams.

Wakeful on retiring, although fatigued.

Awake at daylight.

SKIN.—Prickings (urticaria) as if bitten by an insect in left forearm, right leg, right forearm, back, and again in left forearm (afternoon).

Troublesome urticaria especially on left forearm and right leg (before retiring).

Symptoms go from left to right and are aggravated afternoon and evening. In a foot-note, Dr. Morrisson says: "I cannot say this irritation is a drug effect, as I have had slight urticaria on previous occasions, but its development follows the rule of preceding symptoms." Urticaria being due to vaso-motor paresis, its presence also harmonizes well with the general action of the drug.

General Analysis.

Action on Vital Power.

The depressing effect of lycopus is well marked. The sensorium is perverted, giving a peculiar vertigo characterized by a tendency to stagger to the right. The intelligence presents an alternation of exaltation and depression, the latter being the more marked. There is a sensation of weakness and lassitude, worse in the evening; and yet, associated with this, is a desire for restless change. The hands are tremulous, and when walking the patient constantly tends to go toward the right. Of the involuntary muscles, we find the heart, the muscular coats of the intestines, and probably those of the bloodvessels, affected. That this action on the vital power is far from universal, however, is proved by the total freedom of the special senses and the integrity of the sphincters. We thus see that the main action of the drug is exerted upon the nervous system of animal life.

Action on Organic Substance.

This is very slight. The complexion remains unchanged. The excretions show simply a condition of congestion, due to enfeebled action of the heart, plus a vaso-motor paresis (?), to which causes may be attributed the slimy diarrhœa, the excess of mucus in the urine, the slight nasal catarrh and the increase in bronchial secretion. Ulcers, warts, skin eruptions (with the exception of urticaria), bone and gland affections, impairment of nutrition—all these are conspicuous for their absence; while the only evidences of dyscrasia are found in the rheumatoid pains (which Dr. Morrisson informs us were plainly distinguishable from ordinary rheumatic pains), and oxalate of lime crystals in the urine. The temperature is slightly decreased, while perspiration occurs only on covered parts after walking and is very slight. The heart seems to be the only organ exhibiting marked organic change; and even here we observe that the blowing sound was heard only after thirty-six days of persistent proving. Hence we conclude that this effect was secondary to continued irregular cardiac action rather than a primary action upon the organic substance. Irritation of the nervous system, therefore, seems to predominate over organic change.

Sphere of Action.

Through the cerebro-spinal nervous system lycopus has seven special centres of action:

I. Heart: Motor stimulant.
II. Arteries: Vaso-motor paresis (?). Congestion. Diminished blood pressure.
III. Vagi: Stimulant to terminal twigs. Catharsis.
IV. Mucous membranes of Intestinal Tract and Respiratory Organs: Congestion. Intestinal Flatulence. Secretions increased.
V. Brain: Congestion.
VI. Sexual Organs: Congestion. Neuralgia.
VII. Musculo-fibrous Tissues: Rheumatoid hyperæmia.

Circulation.—The great central action of this remedy is upon the heart. By stimulating the pneumogastric, the force and frequency of the heart's action is markedly diminished, irregularity in force and rhythm ensue, followed by the blowing sound at the mitral valve. Vaso-motor paresis also seems to be present, as evinced by an amount of congestion disproportionate to simply a *weakened* heart, by the burning of the right ear; by the presence of urticaria; and by a pulse compressible and stronger than cardiac action. The tonicity of the blood-vessels being impaired and the force of the heart weakened, the blood pressure is correspondingly diminished; hence stagnation ensues. Here we have a condition directly opposite to that of its nearest analogue, Digitalis. Digitalis acts through the vagus to diminish the force and frequency of the heart's action, but at the same time it stimulates the cardiac ganglia, thus overcoming the reduction in force. Hence in DIGITALIS the heart-beat is slow but *strong;* while in LYCOPUS it is slow and *weak.* Upon the arteries, DIGITALIS acts as a vaso-motor *stimulant,* causing firm arterial contractions and *increased* blood pressure; LYCOPUS produces vaso-motor paresis, with absence of arterial contractions and *diminished* blood pressure.

The *Vagi* are stimulated clear to their terminal twigs. This is seen, not only in the inhibitory action upon the heart, but also in the constriction of the larynx, in the acute sensibility of the bronchial mucous membrane to changes in the weather and cold air, in the circumscribed pain with compression in the stomach, and in the free catharsis. The "strange feeling from œsophagus to pharynx" is also probably caused by gentle contraction of the muscular walls. Here again we have a striking contrast to DIGITALIS. DIGITALIS, in its primary stimulant action, is a close analogue, while its secondary effect is to paralyze the vagi clear to their peripheral ends. This secondary action of DIGITALIS is well shown in the passive congestion of the lungs, the bronchial mucous membrane being loaded

with mucus. It would be an experiment well worth trying to ascertain whether LYCOPUS, in toxic doses, would produce a similar paralyzing effect. Many clinical symptoms would seem to point toward this hypothesis, prominent among which are tumultuous, feeble action of the heart and constipation, with inefficient action of purgatives.

Digestive Organs.—Similarly to Digitalis, LYCOPUS acts upon the vagi at their origin, producing "brain nausea," with faintness. But the emesis, so characteristic of Digitalis, is lacking in LYCOPUS. Upon the small intestines it acts as a purgative, the brown or yellowish shining stool replacing the white stool of Digitalis. Intestinal flatulence is generated, associated with spasmodic action of the intestines producing griping colic. This accumulation of flatus must be due to perversion of the intestinal juice, which fails to perform its digestive functions. We find no evidence of any derangement in the biliary or pancreatic secretions. The fact that this remedy has been found useful in gastritis would strongly point to a perversion or deficiency also of gastric juice, rendering stomachic digestion imperfect, and hence leading to fermentation. The jaundice and flow of saliva, so well marked in Digitalis, has no counterpart in LYCOPUS. Digitalis also more markedly affects the descending colon, the white or ashy stools showing vitiation of the follicles, the secretion of which give to normal evacuations their peculiar brown color.

Sexual Organs.—LYCOPUS develops congestion of the testes, causing aching pains, sometimes changing to darting, when moving.

Clinically, the cured symptoms correspond with the general action of the drug, the intermittent character of the menses, and the alternate appearance and disappearance of the pubic dropsy being typical of the varying changes in the circulation produced by an irregularly acting heart.

Cerebro-spinal System.—Here the drug causes congestion of the brain, with giddiness and headache. We also find perversions of sensation, *i. e.*, sensation as if the bladder was full when empty, and a feeling as though one leg was shorter than its fellow.

Temperature.—LYCOPUS, when given in doses sufficient to slow the heart, also reduces the temperature, the proving showing a fall from 36.40° C. to 35.90° C., and this fact is attested by the clinical experience of Rafinesque, who says "it lessens arterial action in fevers and in plethora." Here it resembles Digitalis, but the method of effecting the result is

widely different. In DIGITALIS the increased vigor of the cardiac pulsations causes the blood to circulate with abnormal swiftness, thus inducing increased transpiration and a large loss of heat from the skin. In LYCOPUS the diminution in temperature is effected by the decreased oxidation due to stagnation of blood.

Sensations.

Pains are mostly aching pressing, such as are developed by passive congestion of a part, more rarely darting, stitching. Weakness, lassitude. Also, peculiar sensations in bladder and left leg, as before mentioned (*vide Sphere of Action*).

Periodicity.

Worse on alternate days. Aggravation morning and evening.

Peculiarities.

Pains generally pass from left to right, then disappearing, or return to left, and pass off equally from both. Exception, dental pains, which passed from right to left.

Wandering pains leaving original sites, passing to opposite corresponding site or to distant parts of body, and then returning to original location.

Rheumatoid pains chiefly affected muscles, then tendons, then articulations. Amelioration by a warm room and warmth of bed, not relieved by friction. Cold affusion or direct warmth. Aggravation from movement and from cold air.

Cardiac pains are of a rheumatic character. Cardiac distress and palpitation increased by ascending (stairs), by deep inspiration, and by thinking of them.

Noticeable difference between cardiac power and pulse force.

Frontal and fronto-occipital headaches very marked; pains persistent in frontal eminences, relieved by strong pressure.

Dreamy sleep and early waking.

Increased brain activity.

Peculiar shining appearance of fæces.

Many symptoms increase and decrease, according to the weakness or strength of the heart's action.

Times of aggravation: Early morning (on awaking); afternoon (about 3 and 5 o'clock); evening.

Comparisons.

Headache.—(1) *Congestive frontal:* Acon., Bell., Merc., Nux. From Acon. and Bell. it is distinguished by absence

of arterial excitement. Mercurius has a feeling of a band around forehead, flabby tongue, and aggravation from warmth of the bed. Nux is characterized by its constipation, gastric disturbance, and especially by its "keynote" symptom, *heat, with aversion to uncovering.*

(2) *Fronto-occipital:* Bry., which has it more marked than any other remedy. Distinguished from LYCOPUS by its characteristic thirst, aggravation from least motion, even moving the eyes, and its splitting character. Thuya-prosopalgia, with pain from malar bone to occiput.

Brain Nausea (action on pneumogastric at its origin): Digitalis, Lobelia, Tabac., Tart. em.

Stool.—In the peculiar *shining* appearance LYCOPUS has no analogue. It is to be especially noted that this peculiarity characterized both the watery and papescent stools. The symptom, "could have had a passage at any time, but perfect control over the sphincter," may prove a "keynote."

Left-sided Inguinal Hernia.—Cocculus, Nux.

Aching in testes: Aurum, Cocculus, Ham.

Menses intermit.: Kreos., Puls.

Sighing respiration: DIGITALIS, Ign., Lach.

Intercostal myalgia: Bry., Cactus, Ranunc. bulb.

Constriction across lower half of thorax: CACTUS.

Constrictive pain around heart: Arn., Cactus, Iodine, Lach., Sil. tig., Nux mosch.

Tenderness around heart: Am. lith. c., Sec. c.

Intermittent pulse: SPIGELIA, Merc. corr., Sec. c.

Slow pulse: DIGITALIS, Hell. (of cerebral origin), Kalmia (especially in neuralgia), Opium (slow and full), Spigelia (irregular, strong but slow), Verat. alb. (pulse slower than beat of heart).

Painless sensation of pressing outward in cardiac region: Sulph. (heart feels too large) is the nearest analogue.

Rheumatoid wandering pains in præcordial region: Kalmia (heart-beat strong and quick).

Wandering rheumatic pains: Bry., Puls., Kali bi., Sulph.

The remedy pre-eminently analogous to LYCOPUS, and the only one with which it could well be confounded, is DIGITALIS. Both have slow pulse, sighing respiration, constriction of chest, passive congestion of the lungs, uneasy sleep, increased mental activity, weakness and, clinically, easily induced palpitation and dropsy. Hence a careful discrimination becomes necessary, inasmuch as drugs, presenting similar symptoms, but derived from different families, are not only concordants,

but often mutual antidotes. The following comparative table may assist us:

Digitalis.	Lycopus.
1. Fulness in head, without marked headache.	1. Tendency to strongly marked congestive headaches.
2. Piercing pains in the joints.	2. Wandering rheumatic pains.
3. Constriction of whole chest.	3. Constriction and tenderness around heart.
4. Tendency to faint strongly marked.	4. No such tendency.
5. Terribly weak feeling at pit of stomach.	5. Circumscribed pain, with compression in stomach.
6. Pulse slow and strong, or quick and feeble.	6. Pulse slow and weak.
7. Sensation as if heart would stop beating, if she moved.	7. No analogous symptom.
8. Heart-beat more distinct to left of sternum.	8. To right of sternum.
9. No valvular deficiency.	9. Blowing sound at mitral valve.
10.	10. Sensation of pressing outward in cardiac region.
11. Systole lengthened, interval shortened.	11. Systole shortened, interval lengthened.
12. Stools chalk-like, white.	12. Stools shining, brown, or yellowish.
13. Paralytic feeling in limbs.	13. Rheumatic pains in limbs.
14. Great weakness.	14. Weakness less marked.
15. More or less perspiration.	15. Perspiration very slight.
16. Distended veins on eyes, ears, lips and tongue.	16. Not marked.

Practical Applications.

The heart being the great centre of action of Lycopus, its chief sphere of usefulness must here be found. At a glance we perceive that it would be of no curative service in acute diseases, such as endo- or peri-carditis, since its pathogenesis shows none of its characteristic symptoms.

In mitral insufficiency clinical experience only can determine its value. It might prove useful in this affection, when associated with a weakened heart; but under any other condition we would hesitate to prescribe it without the most positive indications. The slow, weak pulse, or, assuming the secondary action of Lycopus, a frequent, feeble pulse, is highly inconsistent with the forcible contractions of the left ventricle (hypertrophy), which would naturally accompany this affection.

In functional troubles and in organic, non-valvular diseases of a chronic type Lycopus must find its especial field. Fatty degeneration, with its frequent companion, Angina pectoris, dilatation and hydro-pericardium, would appear to come within

the special province of its action. It has also been employed successfully in functional nervous palpitation with plethora, and in aneurism of the large vessels near the heart, probably pushing the drug until its physiological effects were manifest. Over that strange nervo-cardiac disease, exophthalmic goitre, LYCOPUS has exerted a marked control. Its power to reduce both force and frequency of the heart's action should commend it to our allopathic brethren as superior to their favorite Digitalis. In no sense can we regard the drug as strictly *homœopathic* to Graves's disease, unless we accept its secondary action upon the vagus; in that case it might prove a true *similar*, when fatty degeneration or dilatation of the heart had rendered the pulse feeble and quick, the palpitations still continuing.

Hydrothorax, associated with a weakened heart, would also come within the range of this drug.

Rheumatism affecting principally the muscles, but also involving articulations and tendons, associated with catarrhal symptoms and characteristic action of the heart; pains increased by motion and cold air, not relieved by friction, or cold affusion, or direct warmth; better in a warm room or bed; pains worse toward sunset. Especially adapted to persons with a weak heart and rheumatic tendency, when every "cold" causes rheumatoid pains, and embarrassed action of the heart.

The power of LYCOPUS to quiet cough and irritation of the lungs has suggested its use in phthisis; especially has it been found serviceable in *cough, with hæmoptysis*, associated with feeble, quick, irregular action of the heart. Says Hale: "If it does not cure consumption, it is a very valuable palliative." It has also been successfully employed in the diarrhœa of phthisis, accompanied by griping and rumbling.

In left-sided inguinal hernia, affections of the testes, headaches, diarrhœa, and diseases of the female sexual organs, the symptoms have already been sufficiently detailed. In pleurodynia its value must be open to some doubt. The prover had been subject to spasms of the intercostals and, in a foot-note, states that he did not attribute their marked aggravation to the action of the drug. It is well for us, however, to bear in mind the peculiarities of these pains, and subject them to the test of clinical experience. The same caution also applies to urticaria.

In conclusion, let me emphasize the fact that, in nearly all diseases calling for Lycopus, there must be present a weakened heart. The grand "keynote" is a *pulse slow and weak;* less often, feeble and rapid.

ETIOLOGY AND PATHOLOGY OF MALARIAL FEVERS.

BY JOHN C. MORGAN, M.D., PHILADELPHIA.

In the former paper (see January number), it was remarked, of malignant remittent, that there is *never a serious plus*, and that hence those who use Arsenicum or other antiperiodic should not await a full, or indeed any remission, before administering the indicated drug. By this is meant only that whilst there may be even hyperpyrexia, the congestions show that centric nerve-tension is always inferior to the visceral lesion and the inertia of the capillary circulation, except in a few easily recognized cases (requiring the "centric" drugs, *Acon., Veratr. virid., Rhus*, etc.); and hence the viscerals, or peripheral, or "excentric" drugs are nearly always of early and paramount importance, *Arsenicum* being the type of these in malarial fevers, yet without a monopoly in them.

Therapeutic Hints for Fever in General.

I append here a few leading remedies, indicated by fever in general, inasmuch as the tyro often appeals to us to say what should be done for the various generalities of daily practice, "fever" being one of these. Aconite, he soon learns, is by no means the specific it has been thought. Even the list here given does not, by a long way, exhaust the *fever remedies* of homœopathy, for all drugs can irritate and cause fever, and whatever drug is the similimum of the totality of the symptoms, will remove fever also, if present, in any given case. Nevertheless, this series will include the similimum in so many cases of acute disease, that it may probably be often the means of facilitating a choice. It comprises *Camph., Acon., Veratr. virid., Bell., Ferrum phosphoricum, Gelsem., Baptisia, Caps., Rhus, Bry., Ipecac., Puls., Kali carb., Kali mur., Sulph., Ars., Nux vom., Ignat., China, Merc.*

Camphora.—Incipient fevers and inflammations of all kinds; neurotic disturbances.

Aconitium.—Dry heat; thirst, anxiety, restlessness, uneasy and wilful "going on;" pulse corded, tense, even wiry, and frequent. Remittent fevers. Vaso-motor deficiency, with extreme nervous tension.

Veratrum virid.—Intense and sudden organ-congestions; chill, with complete vaso-motor paralysis; violent, bilious, painful vomiting; thick yellow coating on tongue, or striped; cold, clammy state, even a pernicious chill; followed by collapsing tendencies, or by intense fever, with local engorgements;

hard, frequent pulse. Malignant remittent fevers; and algid cases, with collapsing pulse, etc.

Veratrum album.—Collapsing chill; no reaction; cold sweat; loose bowels.

Bellad.—Violent frontal headache, cannot bear sights, sounds, or motions; face red; throat sore; pains, with sudden manners, and sudden aggravation and amelioration; hasty drinking, and speech; pulse bounding, thumping; carotids visibly pulsating.

Ferrum phosph.—Less urgent indications, commonly, but successfully used, after the failure of aconite, in sudden cerebral congestion, with cyanotic lips and face, and active muttering; but more commonly suited to acute fevers in the young, attending the local inflammations. Schüssler recommends it in the first stage of inflammation, when vaso-motor disorder prevails, and exudation has not set in. Even later, it does good and indispensable work, and is a prime remedy for fever. The face is flushed, the thirst moderate.

Gelsemium.—Drowsy, hot, thirstless, or but little thirst; half waking, mumbling, falling asleep again. Face deeply crimson, eyes suffused, stupid. Fever, ushered in by chilliness, running from sacrum to occiput, or from the cold hands and feet. Little perspiration. Malarial fevers in the opening stage; also local inflammation, with the foregoing symptoms. Aching from loins to knees; great languor. Sometimes aborts typhoid fever in the first stage.

Baptisia.—Stupidity, slowness to respond, blue ears and tongue. In the first stage of typhoid fever, but later than Gelsem. Tissue-degenerations; putrid and typhoid conditions, in general, before the worst lesions develop.

Capsicum.—Extraordinary heat, with cyanotic skin. Or, in milder cases, with high fever, tonsillitis, especially on left side; *internal burning.* Begins with chills between the scapulæ.

Rhus.—Typhoid restlessness. Stupidity, with wilfulness and curtness; rheumatic pains, worse by continued rest; feet restless; better by frequently changing position. Hot fever; with dark redness of skin; blood-poisoning.

Bryonia.—Heat, with thirst for cold water or ice. Wants large drinks, but not very often; mouth and lips dry; taste sour or bitter; tongue coated, somewhat yellowish. Pains as of rheumatism; worse by the least motion. Dulness of mind. Inflammatory complications, with exudation, and stitching-

cutting pains, especially on motion. Better by lying on painful parts.

Ipecac.—Fevers involving the mucous membranes of the stomach, bowels, bronchi; with tongue but little coated. Constant sickness at the stomach. Loose bowels.

Pulsatilla.—Fever, in persons who are either very tender in disposition, and easily moved; or, who are passively taciturn and unfriendly, and think themselves unlucky, etc. Heat, rising from below, up to face and neck. Chilly and feverish, after 5 P.M. Pasty tongue, bad taste, aversion to greasy food; it disagrees. Heat, with pale face.

Kali carb.—Intense heat, in inflammatory or malarial fever, in debilitated persons; with sore pains, or stitch-pains like the passage of a bullet, so solid and large do they feel. Bilious disorder; liver tender; urine jaundiced.

Kali muriaticum.—In inflammatory fever, in the stage of exudation. Tongue whitish; whitish secretions (Schüssler).

Sulphur.—Obstinate, lingering, or recurring fevers; skin dry and hot, desquamating.

Arsenicum.—Fever, with great debility; thirst, for frequent, small draughts of water. Cold air is intolerable. Cannot bear to be alone. The parts on which the patient lies are very sore—complains of them. Pulse frequent, small, weak. Local burning. Sallow skin; loss of flesh.

Nux vomica.—An indispensable fever remedy when *many drugs* have been used (homœopathic or allopathic). The pulse may be large or small, but has a firm beat. The fever is not extremely hot, but persistent, *smouldering*. Constipation. Dyspeptic symptoms. Angry feelings and manners, when crossed. Persons who have lived high. Tongue dry as a chip, and coated, dark.

Ignatia.—Symptoms and indications very similar to those of Nux vom.; but they occur in mild persons; and those who, when mentally excited, become sad, and brood, and sigh about their trouble.

China.—Is often required after Nux v., it complements it; and is often well followed by it, in similar cases, the tongue being dark and dry, and the fever moderate, but persistent. Diarrhœa, often with undigested food; much wind passed at the *beginning* of stool. Chronic fevers. Hepatic enlargement. Sallow, or jaundiced skin.

Mercurius.—Fever, with abundant sweat. Bilious symptoms; catarrhal discharges. Tender, enlarged liver. Large, flabby, wet, tooth-indented tongue.

II. The Nature of Malaria.

What is Malaria? It is "bad air,"—but wherein is the air bad? The exponents of the "germ theory" answer, "In the presence of fever germs." All the idiopathic fevers are to be classed, according to this theory, as explained by Mosler and others, as "acute infectious diseases;" meaning thereby, infectious living organisms are the efficient cause of all their local lesions and of all their blood-degeneration, as well as of all their symptoms. Ponfick seems to have proved the presence of these bodies (micrococci, or spores, etc.), in the blood, the splenic pulp, etc., of patients sick or dying with relapsing fever; Obermeier and others announce similar observations; and Mosler, with many others, in explaining malarial fevers, adheres to the same theory; going so far as the "germs" as causes even of *periodicity*, lodging in the splenic pulp, and multiplying at stated (quotidian, tertian, quartan) periods, so as to send forth their repeated crops into the general circulation, to awaken the periodic irritation, everywhere, with chill, fever, etc. Nevertheless, this author candidly confesses that in malarial fevers, these bodies have not as yet been found. Moreover, we may ask, why should the parenchymatous cells of the spleen, whence spring new crops of blood-globules, be deemed less prone to accelerated development under periodic stimuli, than would be fungus-germs?

As to the announcement made by Dr. J. H. Salisbury, some years ago, that he had demonstrated the cause of malarial fevers in a species of minute fungus (a *Palmella*), his article was so completely refuted in the very next number of the same journal (*The American Journal of the Medical Sciences*), by Dr. H. C. Wood, that no one in this country now gives it any thought.

Quite recently, however, Professor Klebs and Professor Tommasi have elaborately studied the atmosphere and soil of the Roman Campagna, and have made experiments, and settled upon conclusions similar to those of Dr. S. respecting the Palmella, but attribute to a humbler fungus the causation of these diseases, viz., the so-called *Bacillus malariæ*. They agitated water in bottles, with successive portions of the atmosphere, until they had a sufficiently concentrated preparation, with which their experiments were made. They did likewise with the soil. One can easily perceive abundant chances for fallacy here, and as to these Bacilli being really *causative*, it is well to hold the judgment in suspense, to say the least, until the means of a critical hearing are furnished.

However, Pasteur's recent labors in the matter of anthrax, and of chicken-cholera, tend to fortify such claims in general.

The present writer has spent many years in the most "malarious" sections of the Valley of the Mississippi, and in our Gulf States, and on the West Coast of Africa; on graduating, in 1852, presented a thesis entitled *The Nature and Modus Operandi of Miasmata*, in which the organic germ theory is sustained in full; and all his predilections were formerly on that side. Later and longer experience, however, have greatly modified his views. In the midst of the most "malarial" influences, he was often impressed with the perfect adequacy of the physical conditions prevailing, to cause the fevers which were at the same time rife; and on the other hand, the equal adequacy of the devices and comforts of civilization to exclude these physical conditions, regardless of possible organic germs, and so to ward off such fevers; hence, on logical principles, whatever may be true of contagion, he accepted, as to malarial fever, the adequate perceptible condition as sufficient cause; and declines, until demonstrated, the at present superfluous additional theory of organic germs, which enlightened authors confess, though regretfully, to be imperceptible, despite the most expert and careful search.

What are the physical conditions which thus appear adequate to cause "malarial" fevers? Mere haphazard variation of atmosphere, of soil, of oxidation, of temperature, moisture, and magnetism have been often shown to be inadequate. Yet it may appear that these very elements can be so combined as to prove perfectly able to bring about the *lesions*, organic and functional, of this class of fevers; and hence, the other phenomena also. The nature of these lesions has already been referred to and will be reconsidered.

The prime factors of malaria, as usually stated, are three, viz., decaying organic, particularly vegetable matter, moisture, and high temperature; and to these I would add two others, which I regard as scarcely less important, viz., *alternately high and low temperatures* (commonly of day and night), the low being above "freezing-point,"—say 35° to 45° F.; and a *quiescent atmosphere*. Stagnant water is often mentioned; but stagnant or unventilated air is, I think, no less essential to it. Frost, too, destroys it. The significance of these points will directly appear.

The favorite view is, however, that the first three conditions are adequate, and that they act by favoring the growth of cryptogamic and even lower vegetation, the net result being

"malarial poison." To these views I take exception, and offer instead the following theory, on the basis of like facts. The relations of malarial diseases to the hydrogenoid constitution* may also be hereby made to appear:

Given, 1st, oxidizable matter, whether decaying or not, but occupying the surface or superficial layers of the ground; 2d, oxygen; 3d, moisture; 4th, high daily temperature; 5th, nightly temperature low, but above freezing-point; 6th, quiescent atmosphere. These are the *malarial factors.*

The undoubted co-action of the first two is assisted by the presence of the third and fourth, as required for all active chemical processes whatever. Thence, I argue, that the first step in the development of the *malarial quality of the atmosphere is metamorphosis of the oxygen,* developing *ozone and antozone,* the one being formed not without the other, its antagonist.

Schönbein, with the ideas of Berzelius as to the elemental polarities, and with the atomatic notions of the old chemistry, regarded oxygen as *atomic,* not as we now do, as constituted of compound molecules; and ozone being considered as intensely negative, compared even with ordinary oxygen, it followed that the positive pole must also be represented by yet other atoms of the oxygen, and to these he gave the name "antozone."

These views of Schönbein on zone and antozone, and of Berzelius on electrical polarities of the elements, etc., are now regarded by many as obsolete. This is scarcely the place in which to defend them, but a few words of that nature, with a due recognition of recent progress here, may be permitted.†

As stated above, the original theory of ozone and antozone belongs to the "old chemistry," which is still the better understood by the mass of physicians. The same purpose may, however, be served with the "new chemistry" alone.

The objective point which I desire to reach, in this stage of the theory of malaria here attempted, is the production of *a deliquescent,* and, therefore, peculiar and noxious atmosphere, made so by the oxidation of vegetable débris; that is, by the decomposition and re-combination of molecular oxygen in the presence of oxidizable matter, heat and moisture. A portion (two molecules) of common, or molecular, or neutral oxygen, in the presence of organic débris and moisture, forms *ozone,* which is consumed in oxidation of the débris, forming, from

* Vide Grauvogl's Text-book of Homœopathy, ii, pp. 351–365.

† See also Grauvogl's Text-book of Homœopathy, p. 182.

its carbon and hydrogen of course, *carbonic acid* and *water*. Another portion of the same oxygen unites with this same water in its nascent state, forming peroxide of hydrogen (or "hydrogen-dioxide").

According to the new chemistry, ozone is constituted of three atoms of oxygen; it being a monoxide of the original (double) molecule of neutral oxygen:

$$2\,\text{Oxygen} = \left\{\begin{matrix} O= & =O \\ O= & =O \end{matrix}\right\} = \begin{matrix} 8 \\ 8 \end{matrix} \infty = \text{Ozone}, + -O-, \text{ or}$$

atomic oxygen; this last unites with the H_2O, or water, thus: H– –O– –O– –H = hydrogen-dioxide, or peroxide of hydrogen; normally, "a syrupy, colorless, odorless liquid, having a density of 1.452."

As above shown, the two atoms of oxygen in hydrogen-peroxide are regarded as holding by each other (H– –O– –O– –H); in which position they bear a relation to the whole, not unlike that of amidogen, NH_2 to ammonia NH_3, viz., that of a "hypothetical radical." Now, as the existence of the hypothetical radical, amidogen, as the basis of ammonia, and of many other such bodies, is fully accepted, the O_2 of the hydrogen-dioxide may, as we have assumed above, be regarded in the same light, and *this new body* may not improperly be designated as *antozone*, existing never alone, as Schönbein believed, but solely in this combined form.

Again the single detached atom itself, O, prior to combination with H_2O, may be regarded as the hypothetical radical, antozone, instead of the aforesaid O_2; which single atom, as such, instantly proceeds to unite with the H_2O, entire, becoming hydrogen-dioxide.

In consultation with Professor William H. Greene, the translator and editor of *Wurtz's Chemistry*, he admits that neither of these views of antozone violates any chemical principle, theoretical or practical. He particularly denies, however, any positive or negative electricity in either ozone or antozone, in the sense of diverse imponderable fluids, as intended by Schönbein. Electricity is not a fluid, it is only an energy. At the same time he allows, as a substitute, the phrases, "plus and minus of energy," "more and less of chemical force," admitting that this is correlated with electricity, and that the plus of energy may be accumulated at and poured out from one pole of a straight linear body, while it is equally abstracted from the opposite pole. In this sense the separating atoms being possibly at opposite ends of such a straight line, may become the plus and minus poles of the same; and so far the essential points of Schönbein remain.

Few persons now regard electricity in the antique light; hence there should be but little difficulty in accommodating the theory of antozone to modern ideas.

It is stated above that the normal peroxide is a dense liquid; but this body is formed here as vapor. It is always a powerful oxidizer of some bodies, a reducer or deoxidizer of others, and in itself a very unstable compound, decomposable by ozone, forming with it common or neutral oxygen; also (slowly) by common oxygen; also by a heat approaching the boiling-point, and by the mere presence of certain susceptible or "exciting" bodies, as binoxide of manganese, or permanganate of potash, or bichromate of potash in solution. When common oxygen attacks it, it is decomposed, giving up O to unite with O_2, and a new molecule of ozone is formed, which may remain free. In the presence of water its solution is effected, and it is thereby rendered more stable and permanent, its attraction for this substance being very strong. Indeed, the liquid employed in the "compound oxygen home treatment" is understood to be such a solution,* and is preserved for months in dark-colored bottles. Its vapor-density is 1-18.

Thus, if we are on the right track, the functions of the moisture present in a malarial atmosphere are strictly physical; namely, in the primary aid given by it to *oxidation*, as to all chemical motions, and later, in the *solution* of the "hydride of antozone," or "hydrogen-dioxide," or peroxide of hydrogen, formed in the primary act. Moisture is thus, as well as otherwise, a potent condition in our theory of malaria; and on the other hand, it is itself maintained and accumulated by being attracted and held fast by the peroxide; or, in other words, the air containing it is rendered "deliquescent," as originally proposed to be shown.

Opposed to this permanency, and even to the original formation of H_2O_2, are the following agencies: frost, *i. e.*, a temperature of 32° F., or below; dryness; ventilation, as in open, dry pine forests and plains; the presence of free ozone; or of an abundance of common oxygen.

When a freezing temperature exists this unstable body is forced to yield its water, forming ice, the oxygen atom uniting with neutral oxygen, forming ozone. When attacked by ozone, the decomposition of the dioxide is attended with the restoration of neutral oxygen.

Favoring permanency of the peroxide of hydrogen ("antozone-hydride") we have, besides moisture, nightly fall of

* See Medical Advance, December, 1881, p. 362.

temperature; non-ventilation, and hence atmospheric stagnation, as in the shades of densely-wooded valleys or bottom-lands, where the winds scarcely penetrate, and where the noon-day heat being also comparatively low, even the expansion and displacement are but slight.

The chemical status of the air is thus duly established, and, as I believe, thus becomes malarial. During the daytime it expands and rises, more or less, and is loaded with the peculiar humidity, and, besides, probably holding suspended an unusual amount of carbonic acid, the result of the oxidation. In rain-storms it is beaten down, blown away, and decomposed. If no such event happens, then at night it contracts and falls again, parting with heat. This earth-born atmosphere is now, whether by day or night, indirectly promotive of disease, and noxious, by interfering with evaporation and elimination, particularly in the watery or "hydrogenoid" constitution of Von Grauvogl, and the carbo-nitrogenoid, or non-eliminative, also. It differs in this regard very greatly from the wet atmosphere of the ozone-bearing clouds, rain, and snow, coming *from aloft*. The fully malarial nature of it is however developed only in the presence of the remaining factors mentioned, viz., a nightly temperature low, but not freezing;* and atmospheric stagnation, or quiescence, by which the deliquescent air is retained *in loco*.

At evening "the dew falls," we often say; but really it only condenses by losing its heat along with that of the earth, in upward radiation and even conduction. Now so long as the deliquescent air remains unchanged the "earth-born cloud" of hydrogen-peroxide hovers above and near, but is not easily condensed upon the earth, or upon objects immersed in it. When, however, it comes gradually under the influence of plants, or even of atmospheric oxygen, or again satisfies its atomicity by reuniting with it, forming new ozone, or neutral oxygen, some ventilation is here presupposed. Of course this releases some of the water of combination, decomposing a portion of the hydrogen-peroxide, and thus permitting the water to condense as dew. Some of the oxygen used must come from elsewhere; that is, *the winds* bring it from abroad, including more or less of free ozone. If, however, no such ventilation occur, we have permanent deliquescence of a considerable stratum of the ground-air, and stratum above stratum; and by analogy, thermo-electrical polarization less and less is predicable of these superinduced strata, in varying density from below

* The daily range is from about 35° to 100° F., and upwards.

upward. The deeper the valley the more abundant the débris and the moisture, the more quiescent or stagnant the atmosphere, and the more intense the other conditions, the deeper will be the lake of deliquescent air, the more absolute the composition of the hydrogenoid cloud, the higher the elevation to which it will reach, and the greater the extremes of thermal disturbance and of electrical polarization. At all events we have a *stratified atmosphere*, with special properties, capable of great effects upon the living body.

The relation of such an atmosphere to fungiculture is an interesting subject, which invites scientific experiment. It may yet be made clear—indeed it now seems evident—that the Bacillus malaria, as well as larger fungi and other cryptogams, mosses, etc., find extraordinary facility of growth and multiplication therein. This would certainly be no proof that it is the very substance of malaria; it may properly stand as a mere climatic coincidence, until, as we observed at the outset, the demonstration is beyond a peradventure.

Finally, I remark, that the antozonic atmosphere has undoubted pathogenetic powers when received for a long time by pulmonary inhalation. Provings of the hydrogen-dioxide are certainly required—for both etiological and therapeutic purposes. This being true I am yet led by a long experience to consider THE SKIN as the principal avenue of the malarial assault, the effects being mainly thermo-electric, primarily in the nature of disturbed equilibrium; that susceptibility being greatest at the central regions of the cerebro-spinal axis, especially that of the medulla oblongata; next to these the extremities, and, lastly, the anterior surfaces.

DIAGNOSIS AND PROGNOSIS OF MALARIAL FEVERS.

(*Chiefly Intermittents and Remittents.*)

BY ROBERT J. M'CLATCHEY, M.D., OF PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

"WE shall find the received catalogue of malarious diseases to be far from a short one; and even where this obscure but powerful agent has not been, to speak correctly, the efficient cause of any disease, it may impress the attack with the character of periodicity, either by direct modification, or by the constitutional predisposition it has generated."—*Samuel Henry Dickson.*

Recognizing the truth of this statement of Professor Dickson, I feel that to attempt to present even a synopsis of the diagnosis

and prognosis of malarial fevers would be a work of great labor, and altogether out of keeping with the requirements or expectations of a medical society paper; I shall, therefore, limit my paper to brief statements of the means by which remittent and intermittent fevers may be recognized, and their probable terminations conjectured.

Diagnosis of Intermittent Fevers.—The characteristic symptom or condition of all malarial diseases, and notably of intermittent fevers, is *periodicity*. And this characteristic may be put down as the first factor in the make-up of a diagnosis in these cases. Aitken gives the following definition of intermittent fever: "Febrile phenomena occurring in paroxysms, and observing a regular succession characterized by unnatural coolness, unnatural heat, and unnatural cutaneous discharge, which prove a temporary crisis, and usher in a remission. These phenomena are developed in an uninterrupted series, or succession, more or less regular, which pass into each other by insensible steps."—*Aitken's Science and Practice of Medicine*, vol. i, p. 585.

This definition is undoubtedly correct, and sufficiently full to indicate clearly the well-marked characters of intermittent fevers, yet the terms "unnatural coolness," "unnatural heat," and "unnatural cutaneous discharge," seem to an American practitioner but a tame method of expressing *the chill, fever, and sweat* of these disorders. And the temporary crisis, which ushers in a *remission*, certainly does not adequately convey the occurrences that set in with the sweating stage, viz., the abatement of the pyrexia, the rapid decline in the thermometer, the improvements of the condition of the patient, the marked and rapid defervescence, by crisis, and the inauguration of the period of intermission, which is also a period of *a*pyrexia, and not merely of remission, of longer or shorter duration, according to the type of the disease, or, perhaps, according to the kind or quality or quantity of the malaria, that powerful noxious agent of which we know absolutely nothing, save by its effects.

The *thermometry* of intermittents is marked, although not peculiar nor diagnostic. The paroxysm, notwithstanding the subjective sensation of chilliness, is ushered in by a sudden, rapid, and decided rise of temperature, so that the thermometer may show 105° F. at the turning of the chill, and although this is quite unusual, still there is nothing diagnostic in it, as there is in the thermometry of typhoid; for similar phenomena occur in ephemeral fever, or *febricula*, but in febricula there is no recurrence of the pyrexial phenomena after defervescence

has been established. But the ending of a paroxysm of intermittent fever, the fall is equally rapid with its rise. In the interval it marks about the normal; then again rising quickly with each paroxysm. No other disease presents these changes of temperature.

The *diagnosis of intermittents* is, therefore, easily made by this decided periodicity of the phenomena, the succession of chill, heat, and sweat, the complete defervescence lasting a longer or shorter period, constituting the apyrexia, and then the recurrence of precisely similar phenomena in regular and orderly succession.

And these characteristics, viz., of periodicity, intermission, and recurrence of similar paroxysms, will be sufficient to identify these fevers, no matter in what form they may present themselves, or in what type they may occur. There are a few diseased conditions that might be confounded with intermittent fever, viz., *hectic fever*, such as accompanies chronic diseases, in which destruction of tissue occurs, *par example*, phthisis; the fever and chills which accompany *suppuration in deep-seated parts; urethral fever*, which sometimes follows the introduction of a bougie or catheter; or *syphilitic fever*. But in all these cases the history, together with the absence of the regular periodicity and complete apyrexia and repyrexia, will enable one to decide beyond a doubt.

Prognosis of Intermittent Fevers.—In general, the prognosis of intermittent fevers, so far as life and death are concerned, is favorable. It is quite unusual for simple, uncomplicated intermittent fever to directly destroy life; but those forms, known as *pernicious*, or *congestive varieties*, whether of the *comatose* or *algid* forms, very often do.

From the statistics of the Surgeon-General's office, there occurred during the first two years of the war of the rebellion 262,807 cases of intermittent fever, with 1780 deaths. A large proportion of the fatal cases were of the congestive or pernicious forms.

As regards curability of intermittent fevers the general prognosis is very favorable, but in certain climates and seasons, and under certain circumstances, there is a strong tendency to obstinate protraction. In making a prognosis in a given case, a number of elements require to be taken into consideration: the season, the fall being the most unfavorable; the type, the quartan being usually the most obstinate; the history of the case, as to the duration of the case; the treatment of the case, for there is apt to be overdrugging with Quinia, in most cases

of long continuance (not always directed by a physician), which is apt to complicate the case by adding Quinine cachexia to the already sufficiently active and pernicious effects of malaria; the individuality of the patient, or his physiologico-pathological peculiarities, which is possibly what Hahnemann meant by *psora*, and which is often a very important factor in selecting a remedy for the patient, and as well in making up a prognosis; and, finally, the ability to apply proper treatment to the case.

Where the prognosis of intermittent fever, *per se*, may be favorable, yet the serious complications and sequelæ, that may arise during or after an attack, may cause a very grave prognosis, and these must be taken in account in summing as to results in a given case.

Diagnosis of Remittent Fevers.—As intermittency is characteristic and diagnostic of intermittent fevers, so remittency is characteristic and diagnostic of malarial remittent fevers.

Aitken defines this form of fever as follows: "Febrile phenomena, with exacerbations and remissions. The fever is malarious, characterized by irregular repeated exacerbations, the remissions being less distinct in proportion to the intensity of the fever. There is great intensity of headache, the pain darting with a sense of tension across the forehead. It is accompanied by functional disturbance of the liver, and frequently by yellowness of skin. The malignant local fevers of warm climates are usually of this class."—*Op. cit.*, p. 594.

Remittent fevers present a great variety of grades of intensity, ranging from the simple remittents of our latitude to the malignant malarial yellow fever. Again, it seems to present itself in so many apparently different forms, in consequence of the great variety of country, soil, and latitude, in which it manifests itself, and possibly with different kinds of poison in each, stamping certain characteristics upon it in different places, so as to almost appear an entirely different disease. Thus we have the Roman fever, a consequence of the penetration of the poisonous emanations from the fens of the Campagna and the Pontine marshes into the stately streets and palaces of Rome; the "hill fever" of India; the Walcheren fever, which carried dismay and death into the British forces in the Low Countries; the Chickahominy fever of our own war; the malarial yellow fevers that have more than once ravaged our Southern cities, and other milder or more malignant varieties, *ad infinitum*. And yet, notwithstanding these differences, these varying forms are all examples of remittent fever,

and the above definition of Aitken describes them all in principal features; these fevers are malarial, and hence are periodical, and being periodical and not intermittent, they are remittent, and all are characterized by periods of remission, in which there is an abatement of the fever, and a partial defervescence, the temperature not reaching to normal and there being no complete apyrexia. The rise and fall of the febrile condition in remittents are too striking phenomena to escape observation; and, therefore, it is no more difficult to recognize this class of fevers than it is to diagnose intermittents, to which its characteristic traits are more closely allied than to those of any other disorder.

"But there are these points of contrast: In intermittent fever each paroxysm begins with a chill, which is not the case in remittent fevers, for after the first paroxysm there is rarely a marked chill, and even the chill ushering in the disease is usually not violent. After each febrile exacerbation comes an abatement,—*not an intermission*, for the fever does not wholly leave; the tongue remains coated, and the gastric derangement does not entirely cease; the patient is not well, as after a fit of ague. The symptoms grow and decline; they do not appear and disappear."—*Da Costa*, p. 736.

As there are many appearances of jaundice, with cases of bilious remittent fever, the disease may be mistaken for *acute congestion of the liver*. But here the exacerbations and remissions serve as a guide to clear up the case.

There is little danger of mistaking remittent fever for *typhoid*, for in remittents we find no diarrhœa, no eruption, no specific intestinal lesions of Peyer's glands, and, above all, no characteristic thermometrical showing as in typhoid, of a regular evening rise and as regularly a morning fall of temperature, while in typhoid there is no marked periodicity and no marked daily remission.

It sometimes happens, however, that after a remittent fever has been protracted beyond the usual week or two, certain symptoms are developed, such as great weakness, subsultus tendinum, picking at the bedclothes, dry and brown tongue, and weakness of the pulse, the remissions having in the meanwhile become less marked, and the fever indicates a strong tendency, if it has not already changed into a continued form, and the whole appearance of the malady is that of a typhoid fever. Hence it is often asserted that remittent fever changes into typhoid fever. But such a case is not in reality a true specific typhoid fever, with its specific lesions, but rather a typhoid condition engrafted in a remittent fever.

Sometimes, during the period of exacerbation of intermittent fevers, the cerebral symptoms are so prominent that a physician, seeing a patient thus affected, for the first time, must be misled into the opinion that the case was one of acute meningitis; but the setting in of the period of remission, with a mitigating of the severity of all the symptoms, and the cessation of nearly all the cerebral symptoms, until the return of the next period of exacerbation, clears up all doubts, and makes the diagnosis clear. The history of such a case would prevent the making of such a mistake, even at the first visit.

Prognosis of Remittent Fevers.—The prognosis of remittent fever is almost universally favorable. But there are pernicious, malignant, and congestive forms of the disease, as well as of intermittents, and, of course, in these dread varieties the prognosis is not nearly so favorable. In the simpler forms of the remittents, however, we usually find them happily yielding, within one or two weeks, and, in fact, the consequences of remittent fevers are more to be dreaded than the disease itself. We have, as sequelæ of this disorder, obstinate intermittents, organic changes in the liver and spleen, dropsy, protracted and pernicious anæmia, chronic headache, and impaired activity of both body and mind.

In protracted, wrongly treated, or neglected cases of remittent and other malarial fevers, there seems to be, as a part which is termed the *malarial cachexia*, a very decided alteration in the quality and consistence of the blood, which is of itself, probably, due to the pathological changes in the spleen; so that with such serious affection of this vital fluid, and the impairment of such important organs as the liver and the spleen, it will be readily understood how that a very decided loss of health may occur as a consequence of remittent fever, and these may be carried to the point where the business of life may fail to be carried on.

COMPLICATIONS OF REMITTENT AND INTERMITTENT FEVERS.

BY M. M. WALKER, M.D., GERMANTOWN, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

I LIVE in a portion of this city where we have very few cases of either remittent or intermittent fevers; hence my experience with them or their complications is limited. We have a few imported cases each year upon the return of tourists from the various mountain or seaside resorts, where they have

been unconsciously exposed to miasma. We also have here and there a case or a family down with some form of fever traceable directly to some circumscribed local cause, such as sewer gas from open drains or defective plumbing, or owing to want of discretion in the application of sanitary knowledge. The drinking of contaminated cistern or well water I think the most frequent cause of these fevers in this vicinity.

"Masked intermittents show themselves usually as typical neuralgias, in the course of one or another nerve-trunk, which, however, cannot be distinguished from other neuralgias, except by their typical recurrence. They manifest themselves also in the form of intermittent hyperæmia, hæmorrhage, œdema, coryza, bronchial catarrh, etc., as typical skin affections, such as erysipelas, purpura, urticaria, or pemphigus, and in many other typical forms of diseases. A long-continued, oftentimes suppressed intermittent fever frequently terminates in dropsy, in consequence of existing functional disturbances of the spleen, which gradually become an organic lesion, or in chronic parenchymatous nephritis, or scorbutic affections and general ague cachexia."—*Raue's Special Pathology*, p. 950.

"Remittent and continuous malarial fevers are frequently met with in the south and southwest of the United States, and in the tropical countries. They are all of malarial origin, which is proved by the fact, that they occur exclusively in regions where ague prevails; in regions, therefore, which, by their conformation of soil and climate, constitute the necessary conditions for the development of the miasma; it is further proved by the fact, that remittent fevers, when improving, gradually change into the intermittent type. Hence remittent fevers are only graver forms of the effects of the same unknown virus, called miasma, that causes the ague, and this corresponds again with the fact that we find remittent fevers oftener in such regions in which the common intermittent cases are likewise much more severe than in other regions."—*Op. cit.*, p. 960. The same writer divides remittent fevers into three forms: the *bilious* or *gastric remittent;* the *typhoid form*, which gradually loses the remissions and becomes continuous; and the gravest form, which is characterized by a high degree of *adynamia* and a tendency to *rapid collapse.*

Reynolds, vol. i, page 363, says: "In the course of an intermittent fever, cerebral, pulmonary, hepatic, and gastric complications may occasionally be expected. After no small experience, I unhesitatingly say that the occurrence of drowsiness, mental confusion, suffusion of countenance, and such like

symptoms, should not mislead us into the use of routine remedies directed against them. Let all our efforts be used to cure the fever, to stop the paroxysms, and to the due support of our patients. When these objects are attained the head symptoms will disappear. In like manner the presence of cough or asthma, or of hepatic congestion, should never induce us to lay aside quinine and the other means recommended above, in order to direct routine treatment to counteract this or that incidental symptom occurring in the course of a malarial fever. Those who do so, often put the lives of their patients in great peril."

Reynolds also recommends that physicians do not lose sight of the primary fever and allow their treatment to be diverted by that of the head symptoms, the presence of some bronchitic râles and cough, or some tumefaction of the side, for by such diversion their success in malarial fevers will be lessened, the complications which they seek to cure will be aggravated, alarming exhaustion will be hastened, or a sudden collapse may be brought on.

"It is an old observation that nervous diseases are sometimes remedied or suppressed by intermittent fever. A medical officer in India became subject to epileptic attacks which resisted treatment. It was feared that he had become a confirmed epileptic. He was attacked by intermittent fever, which affected him at intervals for many years; but from the date of his first paroxysm of ague he never had another epileptic attack. Malarial cachexia should be treated by a nutritious diet, abundance of exercise, pure air and water. The careful use of the means practiced by the so-called hydropathists for restoring the functions of the skin is strongly to be recommended. A walking tour on the mountains of Scotland, or better still a season or two on the Moors, will do much to work the poison of malaria out of the system. Great attention should be paid to clothing, which should be warm, especially on first going into high latitudes. Returns of intermittent fever have to be met; enlarged spleen, and enlargement of the liver, have also to be treated. In remittent fever we have as a complication, headache, delirium, hiccough, constipation, an increase of urea and absence of albumen, whereas in yellow fever albumen is present. Scurvy is a frequent occurrence and a very serious one."—*Reynolds.*

Remittent fever with cerebral affections is usually met with in India. Hepatitis is a rare complication. Jaundice is common. Splenic enlargement is found, but not so frequently as

in intermittent fever. Death from uncomplicated remittent ought to be rare.

Hahnemann, in speaking of intermittents, in his *Organon of the Healing Art*, says: "There are those which return at certain periods, and there exists also a great number of intermittent fevers, as well as numerous apparently non-febrile affections resembling the intermittents by their periodical recurrence. Furthermore, there are affections characterized by the appearance of certain morbid conditions, alternating at uncertain periods with morbid conditions of a different kind. The order of *alternating* diseases is also of great variety (121), but all belong to the class of chronic diseases which are mostly a product of developed psora. In some rare instances they are complicated with syphilitic miasm.

"In the first instance, they are cured by antipsoric medicines, but in the latter case the treatment should be conducted by alternating antipsorics with anti-syphilitics, according to the instructions contained in the book on Chronic Diseases."—*See* vol. i, p. 115; *Organon*, §§ 231, 232.

I have never had any serious complications in the cases of remittent fever I have treated, but among those of the intermittent type, the following is the most complicated case I have met with:

E. W., æt. 45, a lawyer and conveyancer. For more than two years has had symptoms of locomotor ataxy. He cannot describe a circle with either hand. If told to close his eyes and touch the tip of his nose, his arm jerks about, and his finger touches an inch or more from the point intended. In walking he brings his heels down with the characteristic *stamp* of such cases. When walking at night he must fix his eye on a gas light ahead of him, and plunge along till he gets to it, then fix his eye on another, and so on till he gets home; if the pavement happens to be uneven he has a very difficult task to get home. When standing, and in conversation, his body sways to and fro, requiring him to support himself by a cane or some other object. He has stabbing pains in the lumbar regions, extending down the thighs, also facial neuralgia. Nux v.[200] has helped the majority of his symptoms, but Bell.[200] always relieves the neuralgia. His condition seems to have been brought on by years of over-exertion.

August 18th, 1881.—Was taken with diarrhœa; a mapped coating on the tongue, aching in the limbs, hydroa, and paroxysms of intermittent fever, anticipating tertian type.

I took Allen's *Intermittent Fever* to his bedside, studied

his case out well, prescribed *Ant. crud.*[200]. Later, Arsen.[200], then Arsen.[40m]. The chills continuing without abatement, Caps.[200] and Caps. 6[x] were given without success. *Nat. m.*[200], 5[m], and 6th were given, as the symptoms changed in form but not in intensity. I gave each prescription at least three days' trial. Although my patient improved in some ways, and was able to walk about, he was still a sick man. Œdema of the limbs set in, and by September 25th, he was bedfast again. The œdema began in the feet, extended to the knees, then to the left limb and side, till fluid was present in the abdomen, chest, and the entire left side from head to foot. This, however, yielded to treatment, but as it disappeared, chills came on, and *vice versa*. Neither albumen nor sugar were present in the urine in appreciable quantities.

I prescribed psorics and antipsorics, and then called in Dr. John Malin, who proposed Merc. jod. rub. 3[x] and Cina 6[x]. In talking this over afterwards we considered it one of those cases of *alternating* diseases Hahnemann speaks of in section 232, and requiring alternating medicines to meet it, as the remedies, both psoric and antipsoric, had caused no permanent improvement, and although we did not suspect any syphilitic taint, we resolved to give an anti-syphilitic a trial. The patient had in former years had herpes on fingers, toes, and elsewhere, which had been suppressed, and had given him considerable trouble by causing paralysis of the axis of vision, double vision, till the humor has been restored to the surface of the skin by homœopathic treatment.

The above prescription was given every four hours for a week with considerable improvement. All remedies were then discontinued for a week, except a tablespoonful of gin every morning before breakfast. The first improving symptom was the urination of two quarts or more every day for several days. The œdema gradually diminished, a hoarse cough, with profuse expectoration, set in, and was relieved by Spongia 6[x]. Rheumatism then appeared, for which I gave Bryonia[200], a dose every two to six hours for two weeks. The rheumatic symptoms changed, and a few doses of Rhus tox.[200] seemed necessary. Then night-sweats followed, which were gradually benefited by Cina.[200]

The patient has had no return of chills since Dr. Malin's prescription was given. His symptoms have changed from one thing to another, but improvement has been gradual and steady, so that he is now able to walk and drive out,—a condition which encourages him in the belief he will be shortly ready to

resume business. This gentleman's wife and daughter had intermittent fever while I was attending him, and both were cured by single remedies in three weeks. Prominent remedies in their cases being Nat. m.^{m} and later Ignat. 6^{x}; no complications or sequelæ occurred.

Eighteen years ago I contracted intermittent fever while teaching school at Morrisville, Pa., on the Delaware. The paroxysms began as tertian and changed to quotidian, the alternate chills being accompanied by convulsions. Not only the bedstead shook but the windows in a stone house rattled, so severe were the attacks. After trying in vain for six weeks to cure his patient, Dr. Thomas Moore called in consultation Dr. Henry N. Guernsey. At the second consultation, Lachesis was given, and at the third, Cal. carb.^{1000} was put on my tongue, since which time I have never had a chill. I had Crustea lactea in infancy, and am free to admit it was a case requiring an antipsoric.

TREATMENT OF REMITTENT FEVERS.

BY T. S. DUNNING, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE treatment of Remittent Fevers is one of the most important subjects that can be presented to the attention of physicians in general practice, and yet it has been left by most works on practice singularly imperfect and bald in its indications. The irritative fevers of childhood, the catarrhal fevers of the robust, the so-called gastric and bilious fevers, and at times the malarial disease, all take on the remittent form. Many of the cases regarded as typhoid fevers by the family and the attendant, were originally some one of the above forms of remittent fever. It is *the prevailing* fever of country districts in the fall. True it may run into so low a form as to develop typhoid symptoms, but it does not, on that account, become true typhoid fever with the characteristic ulceration of the ileum. In treating severe cases of remittent, I have found the books on practice almost bare, and have often been at a loss where to look for suggestions of remedies. I have, therefore, been willing to take the initiative in a five-minute paper so as to bring out suggestions from others.

I have used comparatively few remedies. *Aconite* has been useful in the beginning of fevers from colds, or from the irritation of worms or indigested food, the indications being high fever, dry skin, much thirst, the fever increasing towards evening, and almost disappearing by morning.

Jahr says *Aconite* is of no use in the fevers with marked gastric symptoms, but more in those of a bilious character, but I would not hesitate to use the remedy in such a case as the following:

A child of eight years, a blonde and highly nervous in her organization, was taken about noon with chilliness, and loss of appetite, soon followed by high fever with bounding pulse, temperature 103½°, thirsty, but water nauseated and caused vomiting of water and mucus. *Aconite*[1x] in water broke up the fever by morning. The exacerbation of the next day was slight, temperature 102¼°, and was soon over. No return since.

Bryonia seems to me to be the typical remedy for the ordinary cases of this disease.

It has dreams of the work of the day, fulness and pressure in the forehead, with vertigo on bending over, pain and soreness in epigastric and hypochondriac regions, white or brownish-white coated tongue, bitter taste or bitter eructations, thirst for large quantities of water. If cough and chest symptoms show themselves it divides the honors with Phosphorus and Tartar emetic, other symptoms determining the choice. Bry. stitches are often present.

Nux vomica is much like Bryonia, but has more tendency to vomiting, and the eructations are more acid. There is more backache. Chilly in morning. Constipation with ineffectual urging to stool. Ipecac has more continuous nausea and vomiting, and other gastric symptoms with yeasty stools. The fever from a deranged stomach.

Arsenicum is more useful for those cases passing over from an intermittent to a remittent type (see Eupatorium perf.). There seems to be chilliness mixed with the fever, shuddering on motion or from getting uncovered, thirst for little or much, or thirst with little desire for water, the water often disagreeing with the stomach, and causing chilliness. There is the restlessness, prostration, oppression of the chest, painfulness of the epigastrium, and often watery, offensive diarrhœa. The dreams are of sorrow, trouble, fear, fire, death.

Rhus tox. comes in much like Arsenic in the low typhoid conditions, with its characteristic delirium and restlessness, dark, offensive, watery stools, its great depression of the life-forces, its dry brown tongue, sordes on the teeth, its dreams of roaming, etc., and waking *so tired* (see Muriatic acid and the kindred typhoid remedies).

Mercurius for icteroid symptoms, moist tongue, showing

imprint of teeth, sweat without relief, even aggravating symptoms, sweat sour or fetid, chills alternating with heat, dislikes to be uncovered, sleepy in day, wakeful at night.

Pulsatilla in persons of yielding disposition, sad and weeping. Pasty or bitter taste on waking; frequent chills without thirst, or dry heat and thirst; nausea and desire to vomit, vomiting sour or of undigested food, aversion to food, especially fats and meat.

Baptisia, confusion of ideas; stupid, as if drunk, cannot confine his mind, a wandering feeling. Feels as if his body were in pieces, and cannot get them together. Frontal headache; heavy pain at the base of the brain, and drawing in the cervical muscles. Besotted expression; chilly all day, the whole body feels sore, surface hot and dry, with chilly feelings mostly up and down the back. Fetid sweat, frequent sweats; sweat relieves.

Gelsemium; nervous symptoms, depression following cheerful mood, fear of death, anxiety, inability to attend to anything requiring thought; loss of muscular power, increase of fever towards night, and decline towards morning without perspiration; heaviness of the head, with vertigo and blindness; loss of appetite with bitter taste; large, bilious stools.

Eupator. perf., desponding with fever, faintness from motion during fever. Headache and nausea every other morning when awaking; headache and trembling during the heat; vomiting of bile, with nausea and great prostration. Soreness in the region of the liver; constipation or greenish diarrhœa, intense aching in back and limbs; soreness of the bones; very restless, but no relief from moving.

Carbolic acid ought to be useful in the low forms of marsh remittent. It has confusion and heaviness of the head, sleepiness, unconsciousnes, muscles relaxed, skin cold and moist, chilly sensations, etc.

A patient, living on the border of a stagnant mill-pond, had been having intermittent fever, the rest of the family being troubled with the same complaint. It ran, in a few days, into a low form of continued fever. Had been giving her Bryonia. On calling one day found the lady unconscious, comatose, with heavy breathing, fetid breath, and seemingly under the influence of a deadly poison. With the Bry. I gave *carbolic acid*^{2x} in water every hour alternately. The next day the patient was well enough to ride four miles and take the cars for the city. She had a relapse, I believe, some time after, but the temporary effect was marvellous, restoring her from a condition of collapse in which death seemed imminent.

CYSTIC TUMOR OF THE SPERMATIC CORD.

BY W. A. FORSTER, M.D., NEVADA, MISSOURI.

Mr. F., aged 24, unmarried. About four years ago, while riding horseback, Mr. F. felt a severe pain in the left testicle. A day or so later the spermatic cord was observed to be swollen just above the testicle. A liniment afforded relief. But two years later, when compelled to ride horseback daily, the symptoms returned. A "drawing plaster" caused an escape of pus; but there remained a hard tumefaction. This did not annoy him much during spring and summer, until harvest work, and a return to horseback riding renewed the pains. So the symptoms were mitigated and augmented, according as the patient was quiet or compelled to undergo prolonged exertion, until finally he was forced to wear a suspensory.

When he came under my treatment, the tumor was round, smooth, and firm, somewhat smaller than the testicle, which was completely inverted by the swelling. Its weight caused a feeling of tension and uneasiness, which, with severe pain, so preyed on his mind as to unfit him for study. Introducing an exploring needle, I confirmed my diagnosis that the swelling was a cystic tumor.

In addition to this tumor, the patient suffered from varicocele. Hamamelis θ externally and the 3^x internally, failed, as did also lotions of Phytolacca, and other remedies.

I now determined upon an operation. Having put the patient under the influence of an anæsthetic (chloroform and ether), I seized the tumor with a pair of curved polypus forceps, and secured them with a ligature over the most dependent part of the scrotum. After a thorough application of carbolized solution with the continual use of the spray, I cut down upon the tumor and carefully dissected it from the cord, to which it was firmly attached.

The wound was washed and dressed with lint saturated with phenol sodique. Drainage was cared for by leaving the wound open. Externally I applied phenol lint and antiseptic gauze. Aconite 3^x was prescribed with the view of keeping down undue arterial excitement.

Late in the evening, I found the parts swollen and congested; pulse full, bounding, 100; severe pain. Bell. 3^x was given, and snow, wrapped in cloths, was applied locally and repeatedly renewed.

On the following day, I found that my patient had been delirious, with throbbing headache. The scrotum was enormously swollen and black. The wound was gaping, with

everted edges, and was discharging a sanious fluid. Pulse 116. I injected phenol solution and continued the Bellad. and the snow.

The following night was passed with restlessness, high fever, great thirst, nausea, and a continuance of the black color of the wound. The pulse ran as high as 120.

I changed the internal treatment to Arsenic 2^{x}. Very little change was noticed for several days, when a passive hæmorrhage occurred, followed by decrease of swelling and improvement in color. Suppuration took place, with swelling of the inguinal glands, leading to the use of Hepar 6^{x}, with phenol injections, thrice daily.

Extensive sloughing ensued. Long strings were discharged, which on examination proved to be the varicosed veins.

Recovery was gradual, but complete. When last heard from the patient could ride with comfort, "the tumor had disappeared and the varicose veins were gradually disappearing."

PARALYSIS.

BY M. B. TULLER, M.D., OF MILLVILLE, N. J.

(Read before the West Jersey Homœopathic Medical Society.)

PARALYSIS is defined by Dunglison to be an abolition or diminution of voluntary motion, and sometimes of sensation, occurring in any part of the body, often accompanied by an involuntary motion of the parts affected. Its origin may be due to a central lesion or a peripheral irritation. It may develop as a consequence of cerebral or spinal lesion alone, or it may be brought on by disease of other vital organs acting indirectly on the brain or cord. Sometimes it follows acute disease, as diphtheria and scarlatina. Whatever may be its cause, it is but a symptom of a graver malady.

We shall consider those forms having a central organic origin, the most prominent of these being *hemiplegia*, or one-sided palsy—an affection usually of cerebral origin, though it may be dependent upon a lesion of the spinal cord.

When it is of cerebral origin, the arm, leg, and one side of the face are paralyzed, and rarely the muscles of the trunk. If this symptom be present it is only temporary in its character, and disappears in a few days or weeks at the farthest.

An impairment of the spinal cord near its commencement causes complete hemiplegia, with palsy of the muscles of the trunk, with a drawing of the umbilicus to the healthy side with every respiration.

In cerebral hemiplegia we have either great impairment or total destruction of the mental faculties, neither of which are we likely to find in hemiplegia from spinal lesion.

In spinal hemiplegia there is usually complete anæsthesia, which will rarely be found in the cerebral form. There is still another test to be found in electricity, though it is not always reliable, depending rather upon the resolution or rigidity of the diseased muscles. If the disease depend upon cerebral lesion the muscles may be made to contract powerfully under the influence of electricity, while in spinal palsy the electro-contractility is greatly diminished or abolished. But if in cerebral hemiplegia we have flaccid muscles, the electro-contractility will be little if any greater than in spinal hemiplegia.

Hemiplegia occurring suddenly with coma indicates cerebral hæmorrhage. When it occurs suddenly without coma a breaking down of the softened brain may be the cause; while if it be of slow advent the probability is that there is a tumor in the brain gradually increasing the pressure on the substance.

Hemiplegia usually occurs on the side of the body opposite that of the lesion, except in the face, where it frequently occurs on the lesion side or on both sides. It may, however, occur on the same side of the body, or even on both sides, in this case constituting double hemiplegia. If the lesion be above the decussation of the pyramids of the medulla the hemiplegia is complete on the opposite side; if it happen below the decussation it will be found on the same side; and on both sides when on a level with the decussation.

If motion be seriously impaired, we may expect to find the lesion in the corpus striatum. If sensation and motion be affected we may suspect an effusion into the thalamus. The union between these two bodies is so intimate that when one is seriously diseased the other is likely to be involved. The more superficial the lesion the less complete, and the deeper the effusion toward the corpus striatum the more profound will be the motor paralysis.

If the lesion be in the pons varolii we may find cross paralysis,—that is, palsy of the face on the side of the lesion and of the arm and leg on the opposite side. Beside this, there is extreme coldness of the paralyzed side, giddiness and tendency to vomit, jerkings of the muscles of the face on the side opposite that of injury; sense of tickling in the face; one-sided facial anæsthesia, with loss of taste on same side, without impaired motion of the tongue.

Hemiplegia may be the result of hæmorrhage into one lateral

half of the pons; but if there be a hæmorrhage on both sides there may be double hemiplegia, or a universal powerlessness, with coma so deep that no local palsy can be discovered,—a condition strongly resembling uræmia or opium poisoning. From lesions of the pons we usually have "cross paralysis," because the fifth, sixth, and seventh cranial nerves decussate in the pons itself above the great decussation of the fibres for the limbs. A lesion in the upper part of the pons will include fibres of the left facial nerve which have crossed the pons and also involve fibres for the left limbs, in which case the palsy will occur on the opposite side.

But a lesion in the lower part of the pons will include fibres of the facial nerve before their decussation, and the fibres of the left limbs after they cross in the medulla, and we shall have facial paralysis opposite that of the limbs. A lesion of the right lateral half of the pons may destroy the right facial nerve before its decussation and the left facial nerve after its decussation, and then we find double facial paralysis worse on the right side, with palsy of the left arm and leg. From paralysis of sensation and motion, and on both sides of the face, the recti muscles of the eye and loss of taste on the anterior portion of the tongue, the inference is that the lesion is above the lower portion of the pons and affects the point where the facial and part of the trigeminal nerves cross.

Facial palsy from lesion of the pons may be as extensive as when the trunk of the portio dura itself is diseased. But usually some parts do not suffer so much as others. For instance, the orbicularis palpebrarum is only weakened. The patient cannot close the eye of the diseased side as tightly as on the well side. The cerebral facial palsy differs from that of injury to the nerve in this respect. The side of the cheek is the part that usually suffers the most, and when the patient is asked to elevate the upper lip, the mouth is drawn to the sound side. And when the fifth nerve is affected, anæsthesia of the face results, the masseter and temporal muscles become paralyzed and ultimately atrophied, as when the trunk of the fifth nerve is diseased.

In hemiplegia from lesion of the pons there is generally loss of both motion and sensation in the limbs; but the leg may be palsied and anæsthetic, while the arm will be scarcely weakened but thoroughly anæsthetic. This symptom is characteristic of lesions of the pons.

A lesion of the crus cerebri will cause opposite paralysis,—loss of motion when the under side is affected, and loss of sen-

sation if the upper strands be involved. The first cranial nerve originates from the crus, and a lesion on this level might cause cross paralysis. From the under and inner side of the crus emerges the third nerve, and an injury at this point paralyzes that nerve on the side of the lesion. An injury of this organ can be determined only when we find hemiplegia and palsy of the third nerve coming on at the *same time.* If they come on at different times, there are apt to be two lesions, one in the trunk of the nerve, and one in the corpus striatum or thalamus. This symptom is important in the diagnosis of the nature of the lesion. Palsy of the third nerve and hemiplegia coming on at different times, or if the palsy of the third nerve be on the hemiplegic side, the indications are against cerebral hæmorrhage and in favor of syphilis.

From paralysis of the tongue, lips, palate, and vocal cords, affecting both sides equally and coming on slowly, it may be inferred that the medulla is diseased. If these palsies come on slowly and affect only one side they are attributable to tumors or syphilis; and when they are on one or both sides but come on *suddenly,* a clot or softening from thrombosis may be suspected. In lesions of the medulla near the decussation there is rather a general weakness, and only hemiplegia in the qualified sense that the limbs are more affected on one side than the other. Brown-Sequard has observed that in lesions of one lateral half of the medulla the nerve-fibres from the limbs may be caught in part before and in part after their decussation; therefore, from a one-sided lesion proceeds a bilateral paralysis.

Hemiplegia with early contractions or epileptiform convulsions ensues from a rupture into the ventricular cavities; or, if a patient be first hemiplegic, followed by a convulsion, general *powerlessness,* and deep coma, it is strong reason to apprehend a rupture into the lateral ventricles, and is a very unfavorable sign.

Hemiplegia, with incomplete facial paralysis and aphasia, indicates a lesion of the anterior lobes.

Paralysis preceded by convulsions is a symptom of profuse hæmorrhage in the pia mater involving the anterior parts to a considerable depth. These cases usually terminate speedily in death. But if the patient should recover, the mental faculties remain deranged and lead to imbecility.

Hemiplegia, incomplete facial paralysis, temporary paresis of ocular muscles, and diminution of sensibility in paralyzed limbs, with disordered intelligence, and derangement of the special

senses of short duration, indicate hæmorrhage into the motor ganglia.

In hemiplegia with diminution of cutaneous sensibility, alternating facial palsy of an incomplete and temporary character, and more or less profound paralysis of the oculo-motor nerve—as ptosis, mydriasis, diverging strabismus, without impairment of the intelligence or special senses—a lesion of the cerebral peduncle may be suspected.

A lesion in the corpus striatum presents the form of hemiplegia most frequently met. As this body is situated above the decussation of the fibres of the limbs and cranial motor nerves, consequently we find paralysis on the opposite side of the body. A very large and sudden effusion in this body causes coma so profound that no paralysis can be detected. There is, in such cases, a universal powerlessness, followed speedily by death. Hemiplegia as ordinarily seen is incomplete in range, affecting only the face, tongue, arm, and leg of one side.

Complete paralysis presents the following symptoms, supposing the right to be the side of lesion:

1. The head turns to the right.
2. Both eyes turn to the right, and frequently both upper lids are fallen.
3. The muscles of the belly and chest are weakened on the left.
4. The muscles passing from the trunk to the left limbs are paralyzed.
5. The face is palsied on the left side.
6. The tongue on protrusion turns to the left.
7. The left leg is paralyzed.
8. The left arm is paralyzed.*

Such a train of symptoms can only be produced by a very profound lesion, one which would inspire us with but very little hope. Even then, Dr. Jackson observes, the first two symptoms will disappear in a few hours or days.

It is a peculiarity of hemiplegia that the parts having the most voluntary uses suffer the longest. Thus it has been frequently observed that the arm will remain useless long after the leg has acquired sufficient power to enable the patient to move with more or less freedom. If the arm recover, it gains strength from above downward.

The lateral deviation of the eyes with turning of the head, is an important symptom (especially when the patient is

* See Reynolds, p. 911.

sufficiently himself that his eyes follow the motion of the hand to the median line, and then fall back to their diverted position), as indicating a severe local lesion when no paralysis can be discerned, and when we have to decide whether the coma be due to cerebral lesion, or uræmia, or opium poisoning

The tongue is not paralyzed as the term is generally understood. The fact that the patient is usually able to masticate and swallow well, and even protrude his tongue, would lead to the confirmation of this theory. In many cases loss of language is found, yet often the patient is able to enunciate monosyllables without much difficulty.

Dr. Jackson determines this to be a loss of the most voluntary movements of the tongue, while Rosenthal declares it to be a destruction of the power of enunciation from an involvement of the organ of language. If the internal capsule be involved, and the patient live, permanent paralysis will result and be accompanied by late contractions, a most unwelcome symptom, as it indicates the incurability of the case.

If the anterior two-thirds of the capsule be involved, the effect of the injury will be motor paralysis, accompanied by hemianæsthesia if the posterior third be destroyed.

Hemiplegia without loss of consciousness may indicate either softening from thrombosis or clot from the rupture of a vessel; it is mostly, however, due to local softening. If the palsy come on gradually we may suspect softening.

Hemiplegia may result from epilepsy or hysteria.

Epileptic hemiplegia is variable both in degree and range. It may amount to a mere numbness, or it may develop a perfect palsy. It may involve a single limb or the whole side. It always affects the side on which the fit begins, and is more or less complete as the fit differs in severity. A violent epileptiform seizure affecting only one arm or leg will cause paralysis in that particular extremity. Rarely it occurs that the hemiplegia will precede the convulsion.

Epileptic hemiplegia disappears in a few hours, days, or weeks, according to the extent and degree of the palsy; but it always recurs with the fit. Frequently before the palsy disappears another paroxysm comes on, which develops anew the paralytic symptoms.

Hysterical hemiplegia is incomplete in range and imperfect in degree. Usually but one limb is affected. Occasionally the arm and leg may be paralyzed while the face will remain natural. It will often happen that only a part of a limb will be palsied. The patient when walking drags the affected foot.

There is no effort to raise it from the floor, nor is there any circumduction, as in ordinary hemiplegia. The hysteric patient when walking looks at her observers, while the ordinary hemiplegic patient looks at his feet.

Duchenne has called attention to the fact that the integrity of the electro-muscular contractility is maintained, while the electro-cutaneous sensibility is diminished or totally abolished.

The constitutional causes of hemiplegia are those which cause cerebral hæmorrhage, viz., certain affections of the heart, Bright's disease, and arterial degeneration.

Valvular affections of the heart, especially those which are consequent on vegetative growths, may cause the difficulty through an embolism of cerebral vessels.

Hypertrophy of the left ventricle without much dilatation is a condition frequently found in diseases of this character. The large vessels are apt to lose their elasticity and become elongated, tortuous, and even calcareous in their walls. This condition is an important factor in the cause of cerebral hæmorrhage, as the current of blood is not equalized in travelling its course to the smaller arteries. They then receive the shock of the enlarged heart's action directly, instead of remittently. The effect is, the walls of these vessels being naturally thinner, become dilated, weakened, perhaps softened, and the inevitable rupture ensues. Bright's disease of the kidneys will cause cerebral hæmorrhage and consequent hemiplegia from the diseased alteration of the blood and deterioration of the vessels. As an attendant, cardiac hypertrophy is also sometimes found. Finally, fatty degeneration of the arteries may be assigned as a cause. For local causes we have aneurisms, softening, tumors, and thrombosis.

How are we to know that an attack is threatening? What are the symptoms that indicate to us that medical treatment is necessary to ward off an attack of paralysis?

There are a few general symptoms that have been relied on as forerunners of trouble. These are headache, drowsiness, numbness of the extremities, vertigo, red and bloated face, vomiting, confusion of the mind, and redness of the sclerotica. One case came under my observation, the patient complaining of a deepseated dull aching, or throbbing, for several days prior to the attack. Another was drowsy, with violent headache through the eyes, and vomiting of yellow matter for three days prior to the onset of the disease. Very frequently the victim of cerebral hæmorrhage will have no premonitory symptoms that will give him warning. The careful physician

will always have his fears excited when he finds a patient suffering from renal or cardiac disease, or symptoms which indicate arterial degeneration.

If the above-mentioned symptoms should occur suddenly in a person of middle age or past, our gravest apprehensions may be aroused.

If we find a facial palsy coming on suddenly, or appearing on waking, disappearing in a few days; or if there occur a sudden failing of the voice, or difficulty of articulation for which a present facial palsy will not account; or if there be a sudden defect of sight and a weakness of one side with numbness, we may infer the existence of central disease and the approach of hemiplegia.

The prognosis of hemiplegia depends much upon the size, location, and suddenness of the lesion. If the clot be small, loss of consciousness transient, and the paralysis incomplete, we may confidently expect the recovery of our patient. If the patient be at first slightly hemiplegic, and then become profoundly comatose, the prognosis is grave; and if the increase of coma be preceded or accompanied by a convulsion, we may regard the case as hopeless, as this change indicates a rupture into the lateral ventricle. The prognosis is also doubtful when we find lateral deviations of the head and eyes. If the pulse and temperature be at first much depressed and afterward rapidly rise, we may have but little hope for a recovery. If there be contractions, early or late, the prognosis is grave in the former instance and doubtful in the latter.

If the hemiplegia result from softening of the brain or a tumor, or if there be Bright's disease and arterial degeneration, the prognosis is grave. If the patient should recover consciousness, and there should appear a reasonable prospect for at least a partial recovery, there is another danger that may supervene and destroy our patient's life at an earlier or later date. It is the local inflammation caused by the presence of the clot. It may be so severe as to cause death in a short time, or it may develop softening which will terminate fatally in from one to six months. Finally, we have always the danger of recurrence of the attack at a longer or shorter period.

A profuse extravasation in the pons, medulla, or ventricles, will be likely to cause speedy death.

A lesion of the corpus striatum, thalamus opticus, or any of the convolutions in the neighborhood of these bodies, will present the most favorable forms of this disease for treatment.

Miscellaneous Contributions.

COLORADO LETTER.

MANITOU, COLORADO SPRINGS, COL., January, 1882.

EDITOR OF HAHNEMANNIAN.—You will naturally associate me with the peripatetic Jew, if you get a few more letters from me, directed from the antipodes. I came out to this salubrious clime, not for my own health, but for that of another fellow, and I am glad to have this opportunity to investigate this wonderful region. A ride of a thousand miles over a prairie of juiceless reddish-gray grass, dotted at long intervals by adobé and rough board huts, scraggly villages, and one or two large fine cities, ended upon a level plain at the base of the foot-hills of the Rocky Mountains, in plain sight of their majestic snow-clad peaks, and in the town of Colorado Springs. The place is laid out in rectangular plans, has numerous beautiful cottages, villas, and stores, mostly built of wood and a few of gray-stone. Here and there are dilapidated board shanties, relics of the earlier settlement. There are rows of fine trees along the principal streets, a remarkable feature in a city of the plains, accounted for by the necessity of constant irrigation in this rainless region. There are fine hotels, an opera house, telephone exchange, and all the bustle of much business amongst the very intelligent and well-to-do people.

Behind the city lies the dry desert prairie, in front the foot-hills, lofty peaks, and rugged precipices of the mountains. Pike's Peak towers high above its fellows, stern, and forbidding, and a pretty road leads in gentle curves towards the famous Ute Pass westward, at the entrance of which nestles between the crags the little village of Manitou, surrounding the celebrated springs, but five miles distant from Colorado Springs town. The latter is the metropolis, so to speak, the former the summer resort, where most people board in pretty cottages, and in the five hotels, run in first-class style during the summer. The Cliff House where I am is the only hotel proper kept open in the winter, and it has at present only twenty guests. The sky here is generally cloudless, the air dry and pungent, and, of course, rarefied, so that some persons experience palpitation of the heart and rapid respiration. These latter difficulties become distressing when one makes any extra exertion, and that is necessary in climbing these rugged peaks of the Rockies. I attempted a spur at the foot

of Pike's Peak and suffered considerably. There was extreme dyspnœa with a feeling as if the air could not be taken in fast enough to supply the bodily needs; in fact, I was hungry for air though the delicious ether was plentiful. At every distance of thirty feet upwards, the palpitation would become so violent, and the head so giddy, that I was obliged to sit down awhile. The trial of human machinery was severe, but there were no broken hinges or loose crank pins, and I finished the ascent safely. The view of the mountain peaks around and the sandy plain stretching to the blue horizon was grand beyond power to express. The billowy ocean cannot compare with the billowy mountains, and the boundless plains of Colorado. The great interest in this region is due to the mining industries and the anti-phthisical properties of the climate. Medical men are mostly interested in the latter, and I present a few facts gathered from various reliable sources.

The high altitude of Colorado Springs (nearly that of Mt. Washington) and the consequent rarefaction of air, cause peculiar functional and organic trouble. Epistaxis is quite common in "tender feet," a name applied to newcomers, and it is sometimes so severe and obstinate that emigration becomes necessary. A young collegian metallurgist of my acquaintance had a good offer in a stamping mill at Leadville and came out here in the spring. On the stage ride towards headquarters his nose began to bleed and continued so persistently that he was obliged to return East. He tried it again the next season with the same result, and was forced to give up the appointment.

Sudden congestions of the lungs are quite common, and corpulent and fat persons are obliged to journey very slowly. They often suffer extreme dyspnœa and faint repeatedly in ascending the eastern slope of the mountains. Congestion of the lungs occurs from four factors. The system of a well-fed Eastern man is surcharged with good, rich, red blood, which readily tends to engorgement of parts; the rarefied air of the mountain region does not exert the usual Eastern pressure upon the surface of the skin and respiratory mucous membrane, and, hence, a flux towards them supervenes; the pure pungent air acts upon the delicate capillary bronchial tubes and air-cells, and irritation excites congestion (*ubi irritatio, ibi fluxo*); the heart, accustomed to certain vascular and respiratory conditions, acts in a turbulent and irregular manner, thus interfering with the regular rhythmic character of the blood currents, and furnishes the fourth important factor in lung

congestion. In some cases, adaptation to changed conditions soon supervenes; in others, organic mischief is produced, as pleurisy, bronchitis, and pneumonia. This reasoning is my own, as far as I know, and is plausible at least. Pneumonia of grave character is very prevalent here in the winter, and its victims are the robust and strong, while the pale, anæmic, and consumptive escape. I have had patients with nasal catarrh acquired in this region. I have heard many times that Colorado was "a promoter of catarrh, a curer of consumption." These effects have seemed to me so diametrically opposed that I have been skeptical of both. A majority of persons here have the opinion that catarrh is caused by the pungent and rarefied air, the alkaline dusts and waters, and the high winds from the north.

The explanation which I have given of vascular turgescence in the respiratory tract might account in part for nasal catarrh in susceptible constitutions. The soil about Colorado Springs is a reddish sandy loam, the product of disintegrated red sandstone, and the streets and roads are almost as sandy as those of Jacksonville, Florida. This raises in clouds during the fierce winds which often sweep over the plains, and some of it is floating about in the air all the time. I do not think it is distinctly alkaline. It is rather a combination of salts, and it cannot have any specific effect upon the nasopharynx, but rather acts like all mechanical irritants. The water used in Colorado Springs comes from the melting snow of Pike's Peak and numerous springs on the mountain side. It is pleasant and tasteless, and not sufficiently burdened with inorganic matter to cause disease. The springs contain about fourteen parts of solid matter to the pint. The constituents are carbonates of soda, lithia, calcium, magnesia, and iron; sulphates of potash and soda; chloride of sodium, and silica and free carbonic acid. There is nothing in these remarkably different from any water the human race uses, and nothing calculated to have a selective affinity for the nose. The water of the plains, however, is markedly alkaline, and may excite disease, but I am dealing now with one place, according to facts gathered from its inhabitants.

The high winds alone do not cause nasal catarrh, because we find no such effect in high winds of the Pacific coast, the north of Africa, and elsewhere, and air in motion has no specific properties.

Nasal catarrh in my opinion is more prevalent in this region, because the scrofulous, the consumptive, and sick bring it with

them. It is easy to find numerous cases of nasal catarrh that have come here and been cured after residence of a few seasons. The scourge, consumption, that sweeps off so great a percentage of the human race, loses its grip in Colorado Springs and Manitou, and this region is superior to any either north or south, owing to peculiarity of location. Effete particles are oxidized and thrown out of the body by Rocky Mountain oxygen, tissues are stimulated to activity and better vitality, suppurating cavities are dried into mummified holes, bleeding surfaces are desiccated into cicatrices, the drain upon the system ceases, and health is restored. Think of a cloudless sky, no rain for six months of the year, no sensation of cold with the thermometer at 20° F., and the body stimulated to endless activity! Yours,

Dr. W. H. Winslow.

THE GUIDING SYMPTOMS.

BY H. N. GUERNSEY, M.D., PHILADELPHIA, PA.

The third volume of the *Guiding Symptoms* of the materia medica, by our lamented colleague C. Hering, M.D., has been in our hands long enough to be compared with the two first volumes, which were issued during the lifetime of the author. The work is well done, and its editors, Raue, Knerr, and Mohr, are deserving all praise for bringing the materials together, which were left by Dr. Hering, so like his own productions.

The whole profession should encourage this work by each member securing a copy of every volume as fast as issued from the press.

To the practitioner who would be fully up to the times, this work is invaluable, so full of keynotes, or characteristics which cannot be found anywhere else. For instance, we had occasion to prescribe for a case of scarlatina a few days since, and from the condition of the mouth, lips, and nose, Arum triphyllum was indicated, but the rash was so peculiar, we thought the chief characteristic might be in that, so we instituted a comparison. Allen had not a word about skin symptoms under A. triphyllum, but on turning to Hering's *Guiding Symptoms*, there are found the whole group complete under Arum. t.; "eruption in distinct patches rather than uniform," made up the missing link.

The chemical observations of Hering's *Guiding Symptoms* in all the remedies, fall in line exactly with the recorded

symptoms of the *Materia Medica Pura* of Allen, and greatly assist in their conformation. For example, look at the clinical symptoms of Cactus grandiflorus in Hering's third volume, and those of Amyl nitrite in the first volume, and see how greatly they assist their use as found in Allen.

A little money judiciously spent to arm the physician for successful practice, is the very best investment a physician can make. Allen's *Materia Medica*, together with Hering's *Guiding Symptoms*, well studied, will yield a profit of at least 500 per cent. on their cost.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held at the Hahnemann Medical College on Thursday evening, January 12th, 1882, Dr. W. B. Trites presiding.

The minutes of the December meeting were read and approved.

The censors reported favorably on the applications of Drs. J. W. Crumbaugh and E. Boylston Jackson, whereupon these gentlemen were duly elected to membership.

Dr. Joseph C. Guernsey made the following report:

"Your delegate to the Homœopathic Library and Reading-room takes pleasure in reporting the enterprise as fully inaugurated and in good running order, with a membership of seventy-five. The location of the rooms, time of opening, etc., were all given in my report last month.

"The 'donation party,' held on December 12th, was, in spite of the exceedingly inclement weather, a great success in every way. So much satisfaction was derived from this meeting and so great an element of social fellowship prevailed, that the Board of Directors have determined to hold a social meeting every month throughout the year, to which the profession in general will be most cordially invited.

"The annual meeting of the association, held on the evening of January 10th, was fairly attended. The constitution and by-laws, as presented, were finally adopted, and the subject of incorporating the society was considered. The following officers were elected: President, A. R. Thomas, M.D.; Vice-President, J. C. Guernsey, M.D.; Secretary, W. H. Bigler, M.D.; Treasurer, B. F. Betts, M.D.; Librarian, E. M. Gramm, M.D.; Directors, A. H. Ashton, M.D., M. S. Williamson, M.D., W. B. Trites, M.D., C. Bartlett, M.D."

The report was adopted, and the committee discharged.

Dr. E. Fornias, chairman of the Bureau of Zymoses and Dermatology, announced his associates to consist of Drs. E. A. Farrington, Pemberton Dudley, C. Mohr, and E. M. Gramm.

Dr. B. F. Betts, chairman of the Bureau of Obstetrics and Gynæcology, announced that his bureau had changed nights with the Bureau of Clinical Medicine, and would be ready to report February 9th, 1882, the subject for discussion being "Lacerations of the Cervix Uteri." Dr. R. J. McClatchey will discuss "The Causes;" Dr. E. A. Farrington, "Prevention by Medicines for Unyielding Os;" Dr. B. F. Betts, "Effects of Lacerations of the Cervix;" Dr. Isaac G. Smedley, M.D., "Diagnosis and Complications;" Dr. R. C. Allen, "Treatment without Operation."

The Bureau of Materia Medica, Pharmacy, and Provings, T. S. Dunning, M.D., chairman, then presented the following papers:

a. "Methods of Work for the Bureau of Materia Medica," by C. E. Toothaker, M.D.

b. "On Modalities," by E. A. Farrington, M.D.

c. "An Accidental Proving of Arnica," by T. S. Dunning, M.D.

The papers were accepted, referred for publication, and then discussed.

The president appointed E. A. Farrington, M.D., chairman of the Bureau of Materia Medica for the ensuing year.

Adjourned.

EFFECTS OF KOUMISS; PATHOGENETIC, ETC.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

1. Mrs. G., subject to dyspepsia—better for several days (since taking *Nux moschata*[200]). Took a small drink of koumiss, four times in twenty-four hours (between meals). After each dose, increasing indigestion, poor sleep, etc. Stopped its use.

2. Dr. ——. After dinner, took a tumblerful; followed by an agreeable sense of repletion. Later, and for several hours, occasional trivial and flavorless regurgitations, as far as the throat. Next day, after breakfast, took another tumblerful; followed by fulness in the stomach, and increase of sexual feeling. The usual (after breakfast) stool was preceded by unusually sulphurous flatus. At noon, sense of a small bolus lodged in the œsophagus (behind mid-sternum), partially relieved by forced eructation, but only for a moment. After several subsequent meals, noticed the same. Am not sure it is new.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., February, 1882. No. 2.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

A MEDICAL JEREMIAD.—Our allopathic neighbor, the Philadelphia *Medical and Surgical Reporter*, in its issue of January 21st, indulges in a paroxysm of grief over the dishonesty and corruption of this wicked world. It is not the politician and his schemes that have occasioned this flood of tears; it is not the Health Board of New York or of Philadelphia and the dirty streets; it is not the manufacturing druggist with his "elegant preparation" to entrap the susceptible layman under cover of an appeal "to physicians only;" it is not even the foul abortionist and his masculine—or feminine—accomplice that have so wrought upon the feelings and emotions of our tender-hearted neighbor. No, it is the dreadful conduct of those dreadful homœopathists, who, notwithstanding all the warning, all the advice and all the invitations to abandon their distinctive name, to come into the allopathic fold and practice homœopathy *there*, in secret, as all good, honest allopathic doctors do, still cling to their offensive title, and practice homœopathy whenever they consider it applicable, and for no better reason than because they believe in its truth and

efficiency, as if such a reason could count for anything against allopathic displeasure.

Our weeping prophet shows very plainly that there is no honesty either in homœopathy or in its practitioners. "Homœopathy is no longer Hahnemannism." "Homœopathy is now not even true to itself. It is sailing under false colors. It is pretending to the public to be what it is not. It is deluding those who trust it." Its "practitioners are restrained from joining us" (allopaths), because, "by unfolding the homœopathic banner they may capture more patients" than by coming out as true and honest allopaths.

Now all this is simply dreadful; to think of those six thousand fellows "unfolding the banner of homœopathy," catching more patients than their allopathic neighbors, and practicing a disguised allopathy on them. But the most appalling fact is, that this disguised allopathy is so much more successful than the undisguised article that it pays the doctor to profess homœopathy, and pays the patient (so the patient thinks) to employ him in preference to an honest allopath.

If anything more were needed to prove the utter depravity of those wicked homœopaths, it is to be found not merely in their ability to practice a more successful allopathy than the allopathists themselves, but especially because they did not study it in orthodox colleges, yea, possibly some of them have not studied it at all. And still, spite of their lack of orthodox education, they go right on capturing more patients than their orthodoxically educated neighbors.

"It is an all-sufficient reason," says our lachrymose prophet, "for the profession (ahem) to refuse to consult with them. No matter whether therapeutics are alike or not; no matter whether the consultation is intended to be for diagnosis alone; yet it is deteriorating to a man to countenance deception in another; it is compounding a social felony."

"Social felony" is good. This curing patients by fraud should not be countenanced by honest physicians, and the layman who allows himself to be "captured" by a homœopathist should be made to suffer the consequence of his folly, and be allowed to get well under the deceptive treatment he prefers, instead of enjoying the luxury of languishing under orthodox medication.

Medical depravity is a sufficient reason for withholding consultation. *That* is the reason we honest folks cannot take counsel with the so-called homœopathists. Such is the burden of our contemporary's editorial, and then he goes on to show

that almost all of his own school are nearly as bad as the homœopaths. There is the British Medical Association, for instance, which "refused to expel a member for turning homœopath." And there are the "Association's lecturers, who recommended consultations with homœopaths." And there are "the prominent physicians and surgeons in great cities who find their most profitable business in consultation practice," and who yearn for the big consultation fees to be drawn "from those wealthy families who have homœopathic attendants." And there are the naughty London doctors who are "trying to break down the barriers," from the same dishonest and mercenary motive. And there is that wicked *Medical Record* of New York, which recently published "an editorial clearly aimed at supporting this step, and introducing it into that city." And there is the specialist who goes to the opera in a dress suit and white kids, stands up between the acts, and ogles the whole audience through an immense pair of opera-glasses, until somebody announced that "it is Dr. So-and So, the distinguished oculist and aurist." And the next morning somebody with an eye-ache rushes off to Dr. So-and-So's office, and gets a little solution of sodium chloride, and gives the doctor ten dollars, and promises to call again, and all on account of the big opera-glasses and the swallow-tail coat. And so the prophet goes on with his "boo-hoo," until we are transfixed with astonishment that he can even consult with members of his own school; "it is *so* deteriorating, you know, to countenance deception in another; it is compounding a social felony." We learn, however, that the particular form of dishonesty which cuts one off from the privilege of consultation, is not the selling of salt-water at ten dollars a drachm, but the professing of a belief in the law of similars.

This same lugubrious prophet, on October 19th, 1878, wrote in his journal that "for centuries, many regular"—we suspect he meant *allopathic*, but forgot the word—"many regular physicians have practiced according to the rule of homœopathy, believing it to be the correct one, as a rule, and nobody has found fault with them." Further on, alluding to the "Dissertations" of Michael Albertus on the three methods of medical practice, one of which was the homœopathic, he says: "Nothing stands in the way of the most orthodox physician pursuing one or the other of these methods." Now it is possible that some ill-conditioned homœopath may ask how it happens to be so shameful a thing to profess and practice homœopathy in 1882, when it was perfectly right and proper to practice it in

1878. But does he suppose that times are the same now as they were four long years ago? For instance, we remember that it was *just after* "October 19th, 1878," that the *Medical and Surgical Reporter* suddenly ceased to publish the Proceedings of the Philadelphia County Allopathic Medical Society. About the same time the society adopted a rule providing for the expulsion of any member who should publish, without leave, even an epitome of its proceedings. We do not mean to say that these changes were the result of the *Reporter's* remarks about homœopathy, not at all; we only mean to say that "times have changed" since October 19th, 1878.

What a pity it is that the homœopathists of America, yes, and of England, too, should be so utterly oblivious to the loving invitation which is being held out to them. "There is no reason," says our oft-quoted allopathic neighbor, "why many modern homœopaths should not unite with the scientific" —we'll bet he means allopathic again—"part of the profession." Continuing, he says: "Yes, there is one reason, and only one. It is that by unfolding the homœopathic banner, they may capture more patients." Could any bashful lover expect a broader hint? Other allopathic journals have made and are making similar and repeated advances, and now the Royal College of Physicians of England has formally adopted a resolution permitting homœopaths and allopaths alike to practice homœopathy all they please, provided only they keep still about it, and "sail under false colors" as the *Reporter* says. Allopathy, smiling, fascinating Allopathy, holds out her fair hands, and says in her most winning tones: "Your practice is dreadful naughty, but no matter about that; only discard that horrid name of yours, and come into my arms, and you shall practice just as you please, you, dear, sweet, wicked fellow." And Homœopathy, young, rosy-cheeked, and lusty, thrusts his tongue into his right buccinator, and inquiringly pulls down his left lower eyelid and—and that is all he does. The cold, unsusceptible scamp.

The *Organon*.—Again we iterate, "things go in twos" (see editorial, January issue). This time, the "twos" are answers to our request for an exposition of the *Organon:* one, by Dr. Korndoerfer (Hahnemannian Monthly, January, 1882), and, conjointly, another, in the *British Journal of Homœopathy*, by Dr. R. Hughes. Neither gentleman knew that the other proposed writing, and, indeed, the paper of Dr. Hughes must have anticipated our request, for it is dated "London School of Homœopathy," October 4th, 1881.

The burden of Dr. Korndoerfer's first paper is the discussion of Hahnemann's "geistartigen" (spirit-like). He also offers translations of quoted passages from the *Organon*, claiming to give a more precise rendering than do some of the translations extant.

No less important and interesting is his refutation of the charge often preferred, that Hahnemann denounced surgical and other interferences, depending solely, in every instance, upon internal treatment.

Dr. Hughes favors his readers with the history of the *Organon*, its various editions, etc., and, after surmising the reasons why the book was entitled *Organon*, proceeds to a review of its contents. He deals with the Hahnemannian doctrines of "totality," "drug-action," "examination of the sick," etc., not only with his wonted fairness and elegance, but also with complete vindication.

But when he comes to a consideration of Hahnemann's exclusiveness, he raises objections which, it seems to us, Dr. Korndoerfer well answers, and which, indeed, Dr. Hughes himself modifies by his subsequent words.

In referring to dose, vital force, dynamis, etc., Dr. Hughes justly remarks that the acceptance or rejection of Hahnemann's interpretation of them does not in the least affect the truth of the general principles of the *Organon*. To his mind they are interpolations, the unfortunate fruits of a "reign of hypothesis" during Hahnemann's isolated life at Coethen. But we submit that this seclusion was not a period of idleness, but of active thought and extensive experience. His theories, then, were based upon what he considered to be facts. They were the results of the exercise of that same mental power which has won Dr. Hughes's applause thus far, and which has made the name of the great thinker immortal. It remains for the profession, now and in the future, to decide whether Hahnemann's early thoughts are admissible, and his riper thoughts visionary, or whether these, too, may not contain exalted truths worthy of our acceptance. But the discussion borders on the psychological, and each one must measure the subject according to his personal convictions.

We commend these two papers—and Dr. Korndoerfer purposes continuing his—to our readers, as full of information and profound thought. Differing in many points from each other, the respective views presented afford ample room for reflection; and, above all, furnish the physician with a vindication of the principles of his school, and lead him to study the

Organon as of essential value in practice, and as an irresistible weapon of attack and defence against the charges of the old school.

The Ethical Earthquake.—No one who has carefully watched the discussions in allopathic societies and journals during the past six or eight months can have failed to see that a tremendous revolution is going on in that school, in respect to its relations with homœopaths and homœopathy. There are some thinking men amongst them, and the number is daily augmenting, who see two very good reasons why allopaths should withdraw from their absurd position regarding homœopaths; first, because they know that homœopathy is *not* a falsity as they once supposed, and, secondly, because that whether true or untrue, no one practitioner of medicine has the right to judge for another on matters of medical doctrine. It is not, however, an easy matter for them to come down from their lofty assumption, and so, as one of their own journals, the *Therapeutic Gazette* (January, 1882), expresses it, they are looking about for a soft place to alight in. We do not care to discuss the matter just here, as we shall probably have something to say on the subject in our next number.

Notes and Comments.

The University of Pennsylvania is said to be mortgaged to a depth of $450,000. An effort to raise funds to liquidate the indebtedness is receiving considerable encouragement.

Then and Now.—*Then:* "No one can be considered a fit associate in consultation whose *practice* is based," etc. (see A. M. A.'s *Code of Ethics*). *Now:* "We have no wish to fetter opinions in medical practice, but the *name*," etc. (see resolution of the R. C. P. E.). *Then* we might take any title we pleased, but our practice must be allopathic. *Now* our practice may be anything we wish, but our title must be allopathic. What a surprise it would be to allopathy if she could only find out what she really does want.

Near-sighted Obstetricians.—"What's the matter with my wife, doctor?" "She has what we call endometritis,—inflammation of the lining of the womb." "I believe that last physician I had is responsible for this," was the rejoinder. "He was near-sighted, and when he attended her in labor he couldn't see to get away the after-birth." We tried in vain to save the credit of our colleague; we did manage, however, in self-defence, to assure our new patient that *we* are not near-sighted.

A Scientific Gent.—There is a man travelling about the country selling, or trying to sell, a recipe for the cure of rheumatism. It consists of a mixture of linseed-oil, and the oils of hemlock, sassafras, peppermint, wintergreen, and lemon, to which is added "headlight-oil of 175° test." There is also a liniment composed of linseed-oil, oil of hemlock, oil of celery, and

oil of horse-radish, and the headlight-oil of 175° test. The owner of this wonderful remedy, it is alleged, exhibits the certificates of well-known homœopathic physicians in the West as an inducement for other physicians to purchase the secret. As all our readers are people of sense we need scarcely caution them against anything so beautifully transparent. If any physician of our school is disposed to accept these certificates as genuine, let him first ask himself what guarantee he possesses that his own name may not speedily adorn a similar paper. But it *is* necessary for us to warn "our brethren of the dominant school" against the wiles of this tempter. To physicians possessed—as our allopathic friends are—of a "scientific turn," this recipe must be irresistibly fascinating. It is just too utterly scientific for anything, especially if the word "recipe" be dropped, and the term "formula" be substituted. No doubt an orthodox physician could give so "scientific" an explanation of the action of each of its constituents, as would make any ordinary case of rheumatism surrender at discretion, and "come down," like Davy Crockett's coon. It only requires a scientific explanation of the action of any "formula" to make it scientific; so, at any rate, the old darkey thought, who, when his master met with an accident and "broke something" inside of him, prescribed "alum to draw de parts togedder, and gum arabic to sodder 'em."

New Publications.

Special Pathology and Diagnostics; with Therapeutic Hints. By C. G. Raue, M.D. Second edition. Re-written and enlarged. Boericke & Tafel. New York and Philadelphia. 1882. Octavo, pp. 1072.

This book was complimented before it was seen; it was waited for. The first edition was popular, because it helped the practitioner out of his every-day difficulties, and when it was understood that Professor Raue was preparing a careful and thorough revision of the work, in fact making it in some respects almost a new book, its advent began to be looked for most anxiously, especially by those who had possessed the first edition.

The new edition will be found to contain, in the author's prefatory words, a restatement of the pathological views which have so grievously (*sic*) changed since the first edition was issued, and such modification of the Therapeutic Hints as would express their meaning still more accurately, enlarge their spheres, and add such new facts as the experience of the author, and of others, would suggest.

The work, like its predecessor, is arranged on an anatomical basis, a feature which often enables the author to avoid much of the repetition, especially in the indications for remedies, which, under almost any other arrangement, would be unavoidable. Under this arrangement also the student and indeed the practitioner can the more readily clear up doubts in reference to the differential diagnosis of diseases affecting some particular part or organ.

The progressive reader will be gratified by the evident care with which the author has presented the results obtainable from the use of the most modern means and methods of studying diseased conditions,—the ophthal-

moscope, the laryngoscope, rhinoscope, microscope, and the numerous other appliances in use by advanced pathologists. These results are shown not only in their relation to diagnosis, but also as aids in the selection of the remedy, an indication that, whatever others may think, Dr. Raue at any rate proposes to give to Hahnemann's well-known phrase, "the totality of the symptoms," the widest and the *deepest* possible significance.

Those subjects which constitute the basis of the principal specialties are given with a conscientious care, which of itself would be sufficient to commend the work to very general favor. To satisfy himself beyond peradventure of the accuracy of these subjects as presented, the best modern specialists are freely drawn upon, and in the case of the diseases of the eye and ear, the whole matter was submitted to the criticism of Drs. H. C. Houghton and G. S. Norton, the well-known specialists of New York, and valuable notes have been added by both these gentlemen.

The "Therapeutic Hints" are therapeutic *hints*, just what they profess to be; and no one will expect to find the whole Materia Medica crowded into its 1070 pages. Still it will be found in many cases to furnish all the indications likely to be needed in making choice of the homœopathic remedy, while in others it will simply *suggest* the drug or drugs whose further study in the Materia Medica will be most likely to lead to a correct selection.

It has been suggested to us that the oft-confirmed Ceanothus in spleen-pains, Cuprum ars. in abdominal pains, and Tarant. cubensis in carbuncle, are worthy of a place among the author's "Hints." On the other hand, the prominence given to Melandrinum in small-pox is, to say the least, somewhat premature.

The paper, typography, and the mechanical execution of the work are all that could be desired. D.

THE OPIUM HABIT AND ALCOHOLISM; A Treatise on the Habits of Opium, Alcohol, Chloral, Bromide of Potassium, and Cannibis Indica. By Dr. Fred. Herman Hubbard. Published by A. S. Barnes & Co., New York. Price, $2.00.

This memoir is the production of a man, who, if his writings may be his judge, is no theorizer, but is eminently practical, full of expedients, and has had considerable experience.

The book opens with interesting chapters on the peculiarities of the opium habit. Following these is the detailed treatment of numerous cases. The concluding one hundred pages are devoted to a terse consideration of alcoholism, and the ill effects of the rest of the drugs enumerated on the title-page.

While we differ most decidedly with our author in his prescriptions, yet we approve his method of gradually decreasing the accustomed dose of opium, substituting therefor some "nervine." He seems to prefer Cannabis indica. Dr. Breyfogle, however, has had good success with Musk, Dr. Dudley recommends Coca as a temporary substitute for alcohol, and a writer in *La Independencia*, Mexico, claims cures of morphinism with the same drug.

We have, however, the same serious objection to Dr. Hubbard that we found in reviewing a similar work a year or so ago. On page 162 he writes: "There is no drug in the pharmacopœia that so commands our admiration for its varied effects as opium. It is capable, in the hands of the judicious physician, of doing an inestimable amount of good," etc. Hence he sanctions its "officinal" use. But so long as doctors insist on employing this drug to lull pain and produce sleep, the patient will follow suit, and, like Shylock, "will better the example." F.

A Study of the Tumors of the Bladder, with original contributions and drawings. By Alexander W. Stein, M.D., Surgeon to Charity Hospital, Genito-urinary and Venereal Division; Professor of Visceral Anatomy and Physiology at the New York College of Dentistry, etc. William Wood & Co., New York: 27 Great Jones Street. 1881. P. 94.

This monograph aims to make the details as to the nature, diagnosis, symptomatology, and treatment of these tumors as complete as possible. In his classification the author adopts the more modern plan; for instance, under sarcomata, he gives primary and secondary, spindle-celled, round-celled, villous. This he puts under malignant growths as well as carcinomata, of which latter he gives epithelioma, villous, encephaloid, and scirrhus. The benign growths are capillomata, or villous growths; myxomata, or mucous polypi; fibromata or fibrous polypi, and myomata.

As to the treatment he believes in timely operation in certain cases, but says, as a rule, cancerous tumors will admit at most of but palliative treatment, such as alleviation of pain, controlling hæmorrhage, and making life as endurable as possible. He formulates eight conclusions from his researches, and among them he claims that in the female, surgical interference is quite satisfactory, but in the male, an operation is a more serious question. Having collected a large number of reports of cases his work has considerable authority. B. W. J.

Transactions of the American Homœopathic Ophthalmological and Otological Society. Fifth Annual Meeting, Brighton Beach, New York: June 15th and 17th, 1881. Cleveland: Short & Foreman, Printers.

This is a neat paper-covered publication of eighty octavo pages printed in clear type on good paper. It gives the business of the session and the twelve papers presented and discussed at the session. All of the papers are short and thoroughly practical in character, and all are the work of our most accomplished specialists. Dr. F. Park Lewis, of Buffalo, New York, will send a copy to any address on receipt of the price, fifty cents. Our general practitioners could scarcely spend the trifling amount to better advantage. D.

Proceedings of the Homœopathic Medical Society of Ohio. Seventeenth Annual Session. Held at Toledo, O., May 10th and 11th, 1881. Cincinnatti, O.: Advance Printing Company. 8vo., pp. 178.

The seventeenth session of the Ohio Society must have been an interesting one, judging from the character of the papers as shown in this neat little

volume. Most of them exhibit evidence of careful preparation and of independent thought.

Transactions of the Twelfth Annual Session of the Homœopathic Medical Society of the State of Michigan. Vol. I, No. 3. 1881.

The energetic society of the State of Michigan does herself credit in this report of her twelfth session. Among the papers are two or three on the different specialties, and several on general practical subjects, besides three on homœopathic posology. The present membership of the society is ninety-two. D.

Gleanings.

Veratria, according to numerous experiments upon frogs' hearts, caused a prolonged cardiac systole, followed by incoördinate, ventricular action, from a dilation of parts with persisting contractions of other parts. High temperature favors this; hence it probably acts strongly in fever. This effect of the poison upon the heart is similar to its effect upon skeletal muscles. It acts upon the muscle, not the nerves, causing, possibly, a disordering of the machinery, inducing at first an increased expenditure of energy, then incoördination, and then paralysis.—*Archives of Medicine*, February, 1882.

Seasickness.—Dr. Stocker, medical officer in the service of the Cunard line of steamships, contributes to the February number of the *New York Medical Journal and Obstetrical Review* an article in which, after deprecating the tendency to resort to special drugs in a routine manner in the treatment of seasickness, he suggests the following theory of the mode in which the affection is produced: The pneumogastric nerve sympathizes with the senses and the intellect, and plays an active part in that expression of disgust, which results in vomiting. Stimulation of the nerve, in moderation, favors digestion and the various other processes of organic life; in excess it irritates them. It directly occasions nausea, dyspepsia, flatulence, vomiting, etc., and, indirectly, all the other sad effects of seasickness. The nervous centres, excited by the sensory impressions, become at last so irritable that the introduction of anything into the stomach is resented, and vomiting occurs, until sooner or later the nervous system is dominated by that potent influence for good or evil, the force of habit, and the body finally becomes accustomed to the new sensation. He thinks that the fifth sense, commonly called the "sense of touch," or "common sensation," is a compound sense. By its means we are able to recognize, not only touch and its varieties, but also distance, form, size, weight, consistence, relation, and time, and sometimes even color and sound. The study of seasickness teaches us that there is in us a sense which, without some such experience, we might, perhaps, be slow to recognize,—the sense of passive motion. It may not indeed be so exalted a sense as others, nor so important, but it is certainly one which in seasickness deserves consideration. And after all it has its pleasant as well as its painful side, when used in moderation; it is the placid sensation that often lulls the child to sleep; it is that of the rocking-horse, the rocking-chair, horse exercise, vehicular motion of all kinds, passive movement of the body, in all its forms and phases, only unpleasant, only disagreeable, when used inopportunely or in excess. Conditions, which some other ob-

servers refer to the falling weight of the viscera, the author is inclined to attribute to a cause a little more remote, but produced partly by that agency. He believes that the feeling of nausea, etc., which ensues upon the falling of the vessel, is the same as that due to the backward movement of the swing, or of any vehicle, the downward movement of an elevator, vertical or oblique, as well as in the dance, etc.; and is brought about by the formation of a partial vacuum in the lung. To this cause he also attributes the condition known as *mal des montagnes*. We have in seasickness conditions almost precisely similar to those of the latter affection, with regard to the effect as well as to the cause; a certain rarefaction of the air within the chest; a partial vacuum produced, not indeed by the rarefaction of the atmosphere itself, but by the subsidence of the abdominal viscera when the vessel falls, and, therefore, felt more in the upright than in the horizontal position, and the continued movement of the body. The first, *i. e.*, the want of air, is the cause more particularly of that feeling of "goneness" we so often hear complained of. The author has been in the habit of recommending patients to take a deep breath whenever they felt that sinking at the pit of the stomach, having found it by experience to be an effectual, though not infallible, means of allaying the sensation, and to this he would refer the good effect of singing or of any rhythmic movements that may tend to relieve the mind, or to regulate the breathing, as well as the advantage sometimes derived from weight or pressure applied to the stomach by elastic and other belts or bandages. The second, *i. e.*, the movement, is the cause more especially of the irritable condition of the nervous system. The secret of the one is its direct effect upon the pulmonic branches of the pneumogastric nerve, probably the result of a partial paralysis. We know that division of the pneumogastric causes vomiting; the nerve is said to exert an inhibitory effect upon the heart; it has the same effect upon the stomach (?). It may, however, be due to stimulation of the pneumogastric, for the diminished resistance of the air, according to Liebig, leads to more active elastic contraction of the lung. The secret of the other is its indirect effect upon the same nerve through the media of the nerves of feeling or common sensation, sometimes, indeed, through the agency of other senses, as, *e. g.*, by the sight of undulating movements, and by other unpleasant sensations. In each case, practically, the cause is of an eccentric or peripheral character. Similar views, the author remarks, were expressed, some fifty years ago, by Herbert Mayo.

Allopathic Opinions of Homœopathy.—In Wayne County, Mich., there is an allopathic medical society which, at a recent meeting, undertook to discuss the subject of "homœopathy and homœopaths." From the *Therapeutic Gazette*'s report we take the following notes, showing that the members of the society are not quite agreed on the subject:

"Dr. Devendorf read a paper, entitled 'Consultation and Affiliation with Homœopaths.' He expressed the view that allopaths should avoid bigotry and not wrap themselves in a garment of exclusiveness, and cry out to those who differ with them: 'Stand off, thou art unclean!' The educated homœopathist differs in no material respect from the educated regular physician. The thoughtful and observant physician of any considerable experience cannot but have recognized a truth in the dogma (*Similia*), and in so far as it is true, it is his duty and privilege to accept it. This truth should form a common ground on which homœopath and regular should meet. We are yet groping in the dark; facts, which long years of experience have placed in our possession, clues that we have laid hold upon, seem oftentimes to lead us in different, and even contrary directions, but I am confident that in the future they will all be reconciled, for *I believe that back of and beyond them all there is one grand therapeutic law* which will be revealed to us when life and its processes are no longer a mystery."

The character of the discussion which followed will be inferred from the few brief notes here given:

Dr. Klein indorsed the sentiments of the paper. There is truth in homœopathy, but it is only half-truth. He objects to homœopaths rather than to homœopathy, inasmuch as they sail under false colors. Not one in a hundred of them practices what he professes. Dr. Lyster would consult with homœopaths, but for a different reason from that given in the paper. They have surrendered their dogma, and retain its name only for expediency. He would consult them only for expediency. Dr. Gustin would meet any honest and scientific practitioner in consultation, but was of the opinion that this rule, strictly lived up to, would prevent him from meeting the homœopaths, so-called. He did not believe that an educated man could be honest and sail under the homœopathic flag. Dr. Rouse: As a class, homœopaths are unworthy, and while they number some estimable and educated men, the removal of the dividing line, which the regular profession has erected between it and them, would create a condition of affairs which reputable practitioners could not but deplore. Dr. Book: Homœopaths are such, very largely, rather from expediency than principle, and as such are unworthy. We are not yet ready to consult with homœopaths. When they discard their distinctive name, and announce themselves simply as physicians, he will meet them, regardless of their dogma. Dr. Noyes indorsed the paper in so far as it was philanthropic, but no farther. An examination of homœopathy, pure and simple (Hahnemannianism), shows it to be a fraud and nonsense, and he could not receive its adherents into fellowship. Dr. Clark; as a student, raised the shibboleth, "No compromise with homœopathy," and, as a graduate and practitioner, these were still his sentiments. Homœopathy is unscientific, etc. Dr. Wiley: Homœopathy is a humbug. It has been demonstrated to be such beyond all doubt, and its adherents are, therefore, either knaves or fools. Dr. Wyman: The question involved in the proposition to consult and affiliate with homœopaths is one as to the proper method of ridding the public of the baneful system. Dr. Mulheron feared that as far as homœopathy is concerned, the views of its relations to regular practitioners are too much affected by prejudice. He thought Dr. Clark's shibboleth, "no compromise," raised when he was yet a student, and presumably unacquainted even with the essentials of scientific medicine, illustrated the frame of mind in which homœopathy is too often regarded. Homœopathy is too often condemned at sight and without a previous inquiry into its nature. He had taken the pains to look into it, and was convinced that it contained a very important law of cure,—one of the laws of cure, for there are several. There is not a physician who does not daily unwittingly treat disease according to this law. There is a truth in homœopathy, and it is the duty of the regular physician to utilize it. Dr. Brodie would not meet a homœopath as such, although, were he to abandon his distinctive title, he would meet him as a physician, provided he could furnish the necessary credentials as to qualifications.

News, Etc.

The New York State Society will hold its thirty-first annual meeting in the new Capitol building, at Albany, on Tuesday and Wednesday, February 14th and 15th. Upwards of thirty papers on medical and kindred topics are expected.

Homœopathic Medical Society of the Twenty-third Ward, Philadelphia.—The regular monthly meeting of this society was held at

the office of Dr. C. Weaver, Fox Chase, December 21st, the president, Dr. N. May, in the chair. In the absence of the secretary Dr. Powell acted as secretary, *pro tem.*

An interesting paper on "Otitis in Children," prepared by Dr. J. C. Lewis, was presented and read by Dr. R. Lewis, and the discussion which followed was of a highly instructive character. The writer of the paper deprecated the too common neglect of the disease, and drew attention to its causes, its insidious invasion, its dangers, and its treatment.

Dr. Weaver described a case of fœtal malformation, and Dr. Umstead, of Tacony, was appointed to prepare a paper for the next meeting.

About the Blind.—The number of blind persons in Pennsylvania, by the census of 1880, is 3907. The "Pennsylvania Institution for the Instruction of the Blind" receives applicants between the ages of ten and twenty-five. The "Pennsylvania Working Home for Blind Men" receives those between the ages of twenty-five and fifty to learn trades and receive employment therein. And the "Pennsylvania Industrial Home for Blind Women" instructs and employs blind females of twenty-one years and upwards. The last two institutions are supported mainly by legacies and benevolent contributions.

It is certain that a large number of the blind in these counties know nothing about these institutions, and very many who do know of them have not had the friendly hand to prepare the way by which they might avail themselves of the benefits which these institutions afford. It is obviously the duty of every good citizen to aid in this matter whenever possible. Those wishing information should address William Chapin, Principal of the Pennsylvania Institution for the Instruction of the Blind, or, H. L. Hall, Superintendent of the Pennsylvania Working Home for Blind Men, both of Philadelphia.

The Hering Portrait.—The profession, as well as the patients and personal friends of the late Dr. Hering, will be interested in learning that there has been prepared by the faculty of the Hahnemann Medical College of Philadelphia, and now offered for sale, a handsome portrait of their late colleague.

This portrait is engraved on steel by Sartain, and measures 12 by 16 inches. It represents the doctor in a sitting position, with note-book and pencil in hand, and is acknowledged to be a faithful likeness, as well as a beautiful specimen of the engraver's art, fit to adorn the walls of the office, library or parlor. It is printed on the heaviest and best plate-paper, 19 by 24 inches, and is sold for the exclusive benefit of the Homœopathic Hospital of Philadelphia, at the low price of $2 per copy; proof impressions on India paper, $3.

Copies sent by mail, carefully packed, upon receipt of price and six cents in postage stamps. Address A. R. Thomas, M.D., 1733 Chestnut Street. Orders may also be made through Boericke & Tafel, 1011 Arch Street, Philadelphia.

Homœopathic Successes in Minneapolis.—We clip the following from the *Pioneer Press*, of Minneapolis, Minn.: "The regular monthly meeting of the Homœopathic Medical Society was held at Dr. Leonard's last evening. The secretary submitted the following report of comparative losses from pneumonia in the city for the year ending December 31st, 1881:

"Total of deaths, 106; allopathic loss, 97; homœopathic loss, 7; other physicians, 2. These figures show that the allopathic fraternity lost nine-tenths of all fatal cases, and the homœopathic loss is to theirs as one case to fourteen. It was objected to our last comparative report on typhoid fever and diphtheria that we gave no figures to show the relative practice of the homœopathic and allopathic physicians. This would scarcely be flattering

to the allopathic society, did they recall the fact that they depend upon our homœopathic clientage for the support of their institutions. The homœopathic society stands ready to compare its practice with that of the Hennepin County Society at any time and in any fair manner. In the meantime we can let the people judge of our comparative tables by what they know of our successes.

"WILLIAM E. LEONARD,
"Secretary."

HOMŒOPATHY *versus* ALLOPATHY IN THE DENVER ALMSHOUSE.—The annual report of Dr. Ambrose S. Everett, County Physician of Arapahoe County, Colorado, presents quite a number of interesting and instructive facts and figures. The following recapitulation compares the nine months of 1881, when the hospital was under homœopathic management, with the corresponding months of 1880, when the hospital was under allopathic control:

	1880.	1881.
Number on hand, January 1st,	49	82
Number admitted,	562	649
Number discharged,	463	586
Number born,	5	8
Number died,	76	53
Number remaining,	77	100
Average daily attendance,	60	72
Number of jail and outside patients,	161	235
Total number treated,	777	974
Mortality rate at hospital, with the number discharged as a basis,	.14	.08
Cost of drugs and surgical supplies in hospital,	$1383 16	$780 71
Hospital druggist's salary,	450 00	0 00
Cost of prescriptions for jail and outside patients,	241 27	0 00
Total cost of drugs and surgical supplies, and druggist's salary,	2074 43	780 71
Cost per patient from the above figures,	2 66	80

PHILADELPHIA HOMŒOPATHIC LIBRARY.—The first annual meeting of the Homœopathic Library and Reading-room Association was held at 8.30 P.M., on the 10th instant, at its rooms, northeast corner of Thirteenth and Market streets.

The board of directors presented its report, from which it appeared that its own organization had been completed by the election of Dr. J. C. Guernsey, chairman, and Dr. E. M. Gramm, clerk; that a set of rules for the guidance of the board, and for the government of the library had been adopted; that rooms had been secured at an annual rental of $150; that several physicians had materially aided the enterprise with donations of articles to furnish the rooms; that at the book reception, held on the evening of December 12th, there was quite an encouraging attendance of physicians, and a number of books and journals had been donated; that the active membership numbered 75; and, finally, that it was the intention to hold monthly receptions in the hope of exciting a livelier interest in the enterprise, and introducing a more cordial feeling of relationship among members of the profession.

The report of the librarian showed that besides the books and old journals donated to the library, the association was in receipt of twenty-three journals, comprising the best of the current medical literature of both old and new schools. The rooms of the association are open from 9 A.M. till 10 P.M., daily.

From the treasurer's report, it was seen that the receipts from various

sources had been $156.29; and the expenses for furnishing, and printing, etc., $115.70. After adopting the constitution and by-laws, which had been provisionally offered, the association went into an election, which resulted in the choice of the following officers:

President, A. R. Thomas; vice-president, J. C. Guernsey; secretary, W. H. Bigler; treasurer, B. F. Betts; librarian, E. M. Gramm; directors, to serve for *two* years, Drs. W. B. Trites, and A. H. Ashton; for *one* year, Drs. M. S. Williamson and C. Bartlett.

After some discussion, the subject of obtaining a charter and increasing the revenues of the association were referred back to the board of directors with power to act. A resolution was also adopted unanimously calling upon the lady members of the profession to give their active co-operation. The meeting then adjourned.

Removal.—T. F. Pomeroy, M.D., has removed from Jersey City, and is located at 129 East Twenty-third Street, New York City.

Married.—Oliver—Bibber.—On January 25th, 1882, at the residence of the bride's parents, by Rev. George W. Kelly, Andrew S. Oliver, M.D., of Milford, Mass., to Miss Grace W. Bibber, of Eastport, Me.

Condolence.—We learn that our colleague, Professor J. C. Sanders, of Cleveland, O., has recently been bereft of a daughter aged 15 years. Also that our friend Dr. C. H. Lee, of New Castle, Pa., likewise mourns the recent death of a daughter at the age of fourteen. We beg leave to tender our sympathy.

Deceased,—Wilson.—January 15th, 1882, at Jacksonville, Fla., J Theodore Wilson, M.D., a son of Dr. Pusey Wilson, of Moorestown, N. J., and a graduate of the Hahnemann Medical College, of Philadelphia, of the class of 1881. In reference to the deceased, we take pleasure in publishing the following minute:

"The class of 1881 numbered eighty-three, but our ranks are broken, and now with the years of the century we number eighty-two. The following resolutions, drafted by our president, Dr. E. P. Swift, of Millbrook, N. Y., will express our feelings, as we think of the 'vacant chair.'

Whereas, The sad intelligence has come to the members of this association of the late decease of our friend and classmate, Dr. J. Theodore Wilson, therefore

Resolved, That we, as his companions in student-life can but mourn sincerely the loss of one whose marked ability gave such promise of a career of usefulness and honor, whose industry and gentlemanly carriage during the busy months of preparation, gained the respect and admiration of all, and who by his earnest devotion to his chosen calling made himself a worthy example to his class.

Resolved, That while we feel and deeply regret the loss which his profession and community have thus sustained, we find comfort in the thought that he has entered upon a happier existence, where the care and anxiety of the physician's life enter not, in that one country where they never say, 'I am sick.'

Resolved, That a copy of these resolutions be published in the Hahnemannian Monthly, sent to the family of the deceased, and placed on the records of the association.

Very respectfully,
Benjamin F. Bailey,
Sec'y Class 4, Alumni As., 1881."

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*
Send all business communications direct to our office.

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, March, 1882. No. 8.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

MOLLUSCA.

(Continued from page 8.)

Of the sub-kingdom Mollusca, Sepia and Murex are the most important.

The former, the true cuttlefish, secretes a black liquid, which, it is generally supposed, forms a part of the color called Sepia. Doubt is thrown upon this common belief so far as China ink is concerned; but Cuvier tells us that a somewhat less black ink is prepared from Sepia in Italy. Be this as it may, we may presume that the artist, from whom Hahnemann derived his first symptoms of Sepia, employed an ink containing the secretion from the cuttlefish. It is stated on the authority of Dr. Hering that an intimate friend and patient of Hahnemann, an artist, was in the habit of wetting his brush, containing India ink, with his saliva. Failing to cure him of his chronic ailments, Hahnemann suggested the ink as the probable cause of his persistent symptoms. The artist doubted this, but nevertheless modified his custom by covering the lips with a thin layer of sponge moistened with water, the mouth being protected by an impervious though pliable shield. He recovered, and subsequent provings confirmed Hahnemann's supposition.

Formerly it was believed that the cuttlefish employed his inky secretions to becloud the water and so escape his pursuing enemies. But, as Dr. Hering remarked, if it is not innocuous

may it not furnish the Sepia a means of entrapping its own prey (see also Teste's *Mat. Med.*, page 299).

As a remedial agent SEPIA is the peculiar property of homœopathy. Hippocrates employed it, as did also Dioscorides, Plinius, and a few others. But it is so unofficinal now that Stillé and Maisch refer only to the cuttlefish *bone*, and recommend it in powder as an ingredient of dentifrices on account of its hardness.

We do not use the bone, but prepare triturations and tinctures from the juice of the Sepia, the SUCCUS SEPIÆ.

SEPIA acts profoundly and lastingly on the human system. It is chiefly indicated in ailments arising from disturbances in the sexual sphere, especially of women, though it may not uncommonly suit men also.

It acts upon the vital force as well as upon the organic substances of the body. It very soon impresses the circulation, which becomes more and more disturbed as the proving progresses. Even as early as the fourth hour there are developed flushes of heat and ebullitions. These flushes end in sweat, with weak, faint feeling. Any motion or exertion is followed with hot spells and free sweats.

Hand in hand with this orgasm is an erethism of the nervous system, causing restlessness, anxiety, etc.

These two sets of symptoms indicate the disturbing influence of the drug upon the nervous system of animal life, and also upon the vaso-motor nerves. Thence arise headaches, various local congestions, etc.

Quickly following these symptoms are those marked by relaxation of tissues and nervous weaknesses. The prover becomes languid, prostrated, faint. The joints feel weak as if they would easily become dislocated. The viscera drag, and thus originate the well-known goneness, etc. Venous congestions still continue and indeed, from vaso-motor weakness, increase. The prolapsed uterus becomes more and more engorged, the portal stasis augments, and the liver is heavy and sluggish. The bloodvessels are full, and the limbs, hence, feel sore, bruised and tired. The general depressing influence upon the vital powers is further displayed in great weakness, faintness, trembling. Limbs feel heavy as if paralyzed; stiffness and unwieldiness of the legs, especially after sleep.

The sphincters are weak, as well as all structures depending for power upon non-striated muscles. Hence the rectum prolapses, evacuations of bowels and bladder are tardy and sluggish, etc.; and yet there is no complete paralysis.

Organic changes are produced as exhibited in the complexion, which is yellow, earthy; in the secretions, which are offensive, sour, excoriating, etc.; in the condition of the skin, which has offensive exhalations, and is disposed to eruptions, discoloration, desquamation, ulcers, etc.

Among the conditions which modify the SEPIA case none is so important as the effect of motion. Two or three provers experienced decided relief of the symptoms (one prover excepting horseback riding) from violent exercise. But many symptoms are made worse from exertion; how then are we to discriminate? Since many of the symptoms arise from lax tissues, with torpidity and, above all, with surcharged veins, exercise, by favoring the return of blood to the heart, relieves. The aggravation from horseback riding or from the motion of a ship, since it jars the sensitive parts and even tends to increase venous fulness, necessarily augments the troubles. But the headache, faint, exhausted condition, the sacro-lumbar pains, and often, too, the prolapsus uteri, are naturally intensified by walking. (See also under "Heart," below.)

Briefly, it has been found that SEPIA acts well in men, or, more often, in women who are puffed or flabby, less frequently emaciated; who have a yellow, or dirty yellow-brown blotched skin; who are inclined to sweat, especially about the genitals, armpits, and back, suffer with hot flashes, headaches in the morning, awaken stiff and tired, and are the subjects of diseases of the sexual organs. The man has sexual erethism, but without energy; and coitus induces great exhaustion (neurasthenia). The woman is erethistic, with hysteria, or with prolapsed uterus, palpitation, orgasm of blood, faintness, etc. In both cases there may be portal stasis, with imperfectly acting liver, with atonic dyspepsia, sluggish bowels, uric acid deposit in the urine, and attending evidences of impaired digestion and assimilation. The general attitude is never one of strength and healthful ease, but rather of lax connective-tissue, languor, and easily produced paresis.

It is to be further remembered that the SEPIA symptoms are notably worse in the forenoon and evening, the afternoon bringing a time of general mitigation. Of this fact there are numerous confirmations.

We are prepared to review the symptoms in detail, and determine if they sustain the assertions thus far made.

MIND, SENSORIUM.—Sad, weeping mood; with lassitude, with concern about the health, or about the future. Every few minutes inclined to cry without known cause.

Low-spirited, does not care what becomes of her.

Depressed and easily irritated.

Anxiety with ebullitions, restless, irritable.

Passionate, irritable; fretful from slight causes; disposed to scold; becomes heated in discussions.

Indifferent, apathetic. Does not care what happens; indifferent to those dearest to her; no ambition for work or thinking.

Heavy flow of ideas. Past recollections of unpleasant circumstances make her ill-humored.

Ailments from one-sided mental occupation.

Language comes slowly; cannot fix the attention. Forgetful; worse in damp weather. Moody; depressed.

Stupid feeling, with dizziness, unfitting him for mental work.

Painful confusion of the head, particularly of the forehead.

Vertigo while walking, as if objects were in motion; objects turn in a circle.

Sudden dizziness as if drunk, while walking.

Vertigo as if the senses would vanish. Stupid and dizzy, he does not know what he is doing.

Related Remedies.—Sepia induces a state of sadness, anxiety, and hopelessness. Mingled therewith is an excitableness, such as is common with women suffering from uterine disease, and also from disturbed circulation.

The mental condition, then, is a part of the general effect already alluded to, namely, erethism. But this is soon followed by depression; and hence excitement gives place to a condition of indifference and languor; and the flow of ideas is changed to mental sluggishness and forgetfulness.

A commingling of states is observed; as, for instance, depression with irritable temper; sad and nervous; dull, forgetful, and moody, etc.

The vertigo arises from disturbance of cerebral circulation, as a reflex uterine symptom and also as a result of brain-fag, whether produced by mental strain, loss of animal fluids or other depressing causes.

It may also indicate impending apoplexy; especially in one who has weakened his vital powers and developed venous hyperæmia of the brain by the abuse of alcohol, or who has been guilty of sexual excesses. He is dizzy on walking, feels dull, confused, forgets easily; drops things from the hands. Or, he is dull, dizzy on awaking. Physical exercise produces numbness. Coitus is followed with weakness of thought, sadness, dejection, numbness.

The state of indifference is very characteristic. It may accompany dyspepsia, uterine disease or hepatic disorders.

Compare with: PULSAT., NATR. MUR., *Phosph.*, *Actea rac.*, Fluor., Stannum, Hepar, LILIUM TIGRINUM., *Platina*, GRAPH., SULPH., CAUST., *Nux vom.*

PULSATILLA is without doubt the nearest analogue. Both develop a state of weeping, anxiety with ebullitions, peevish ill-humor, solicitude about health, etc. But only the former has the mild, yielding disposition, clinging, seeking consolation. In this remedy there may be moroseness and peevishness, or irresolution. But there is ever lacking the angry irritability of SEPIA. Neither has the former, the cool indifference of the latter.

In PULSATILLA, too, the vertigo is relieved by walking in the open air. And the drunken dizziness is accompanied with internal heat of the head, the face being pale.

NATRUM MURIATICUM is complementary to SEPIA. They agree in causing weeping mood, depression of spirits, persistent recalling of past unpleasantness; irritability; indifference; loss of memory; alternation of mental states. Confusion and vertigo. Hasty manner, nervousness. The former has prominently, worse from consolation. Clinically the same has been recorded for SEPIA. Both, too, have ailments aggravated by vexation or anger.

The two are evidently similar in causing weak and irritable nerves. But their complemental relation consists in the fact that SEPIA causes the most vascular erethism. Hence disturbed feelings induce congestion to chest and head. Animated conversation causes hot face. Sweat follows excitement.

In NATR. MUR. the symptoms point more to nervous excitement or weakness alone. Hence emotions induce tense headache, animated talking, drawing up the spine, and unpleasant thoughts cause sadness, paralytic weakness or irritability without ebullitions. If hypochondriacal, it is a state of melancholy from mental depression caused by inert bowels; while in SEPIA the same state depends also upon portal stasis and therefore is more persistent and associated with more irritable temper.

The former remedy may be called for when the mental state depends upon uterine disease or menstrual irregularity. But it will only be a prolapsus, never the engorged uterus of the latter remedy.

The indifference of NATRUM MUR. is born of hopelessness

and mental languor; while that of SEPIA includes an undisguised aversion to those nearest and naturally dearest. The indifference of the former remedy is more akin to, though less pronounced than, that of Phosph. The indifference of SEPIA is more like that of Fluor. acid: indifference, even hatred, towards those loved best.

CAUSTICUM induces sadness, especially before the menses. The face is yellow. But the anxiety, which is an accompaniment of nearly every ailment, is more a timid, fearful state, full of forebodings; dreads the possibility of accidents to herself or to others,—thus rather favoring Natrum mur.

LILIUM TIGRINUM stands very near to SEPIA. It affects the circulation, particularly the venous, and as reflex from uterine and ovarian irritation, there are: nervous irritability, must be busy, yet cannot do much; hurried manner. Depressed, full of apprehensions of incurable disease, of accidents, etc. Feels that she will go crazy; weeping mood.

There is, however, an essential difference in this, that the LILIUM patient finds relief in diverting her mind by busying herself; while the SEPIA patient has many nervous symptoms relieved by violent exercise. It is, in the former case, a sexual erethism which is thus relieved; in the latter, relief is general by favoring venous circulation, nervous erethism being but slight and being associated with lessened venereal passion.

Hepar develops a mood which it may not be inappropriate to consider: Sadness, unpleasant events return to mind; sad evenings even to thoughts of suicide. Peevish. The slightest thing makes him break out into violence. Does not wish to see the members of his own family.

But this latter condition is not quite the indifference of SEPIA. It arises more from a contrary mood. And, further, only Hepar has such violent outbursts of passion.

PLATINA is similar in its depressed moods. "Indifference; he does not seem to care whether his absent wife dies or not." But the digression is into haughtiness; or into anxiety with fear of imminent death; or into that contracted mental state, akin to the feeling of personal superiority, in which "everything seems too narrow; with weeping mood." And, besides, as we shall see anon, the uterine symptoms differ materially.

HEAD.—Rush of blood to the head, with red and hot face.

Moving the head, the brain seems to shake.

Weakness of the head, she can scarcely think; worse in damp weather.

Head aches as if it would burst.

Heavy pressing pain or fulness in left orbit and left side of head, with occasional darts through the eyeball and side of the head, or over side of head towards occiput; worse from mental labor; better after meals.

Single, violent, undulating jerks of pressing headache quite in forepart of forehead.

Violent stitches outward over the left orbit; drawing together of the eye.

Tearing in the left frontal eminence. Also in upper part of right side of forehead.

Stitches in the forehead with nausea; better from lying down.

Headache in forehead and vertex, followed by anxiety in the pit of the stomach, with trembling; afterwards violent nosebleed.

Fulness in temples and forehead and throbbing of the carotids.

Tearing in the left temple to the upper part of the left side of the head.

Beating, painful headache in the vertex, in the morning soon after rising.

Pressure on the vertex, after mental labor. Pressive, contractive pain.

Headache in the right side of the head and face, with a surging like waves of pain rolling up and beating against the frontal bone; after the sweat.

Headache in the morning with nausea until noon.

Boring headache from within to without, forenoon till evening, worse from motion and stooping, relieved by rest, when closing the eyes, from sleep and from pressure.

Pulsating headache in the cerebellum morning till noon, or evening; worse from motion; better during rest and in the dark.

Heaviness, pressure in the occiput and down the spine; passes off after rising.

Hair falls out; also with chronic headaches.

Scalp pains when touched as if roots of hair were sore.

Scurf on the head. Eruption of vertex and back part of head, offensive, with stinging-itching and tingling and cracks; it extends down behind the ears. Dandruff in patches shaped like ring-worm.

Jerking of the head backwards and forwards; worse sitting, forenoon.

Coldness of the vertex.

Related Remedies.—SEPIA is a useful remedy in hemicrania, in hysterical females who are ill-nourished, with pale or dirty-yellow skin, delicate frame, and who have scanty menses. Sudor hystericus is stated to be present in many instances. The pains are piercing, boring, or throbbing; they shoot upwards, are severe enough to extort cries, and they culminate in vomiting. The paroxysms are renewed or aggravated by motion, light, noise, or by a thunderstorm; and are relieved by sleep or rest in a dark room.

It is also useful in arthritic headaches, especially when, like NUX VOM., they are worse in the morning, with nausea and vomiting. The liver is, of course, affected, and the urine is loaded with uric acid. Compare also PULSATILLA.

Open fontanelles have closed under the influence of SEPIA, when the peculiar jerking motion of the remedy was present.

In headaches from brain-fag, SEPIA is to be selected by its general cachectic condition. It is said to be particularly efficacious when a one-sided occupation has led to brain exhaustion.

Heaviness of the eyelids often accompanies the SEPIA headache.

In hemicrania, compare: Bellad., Sanguin., Iris vers., Pulsat., Silica, Nux vom., Theridion, Arsenic, Thuja.

In headache from brain-fag, compare: Natr. mur., Nux vom., Sulph., Picric acid, etc.

BELLADONNA, if indicated in migraine, is to be selected when there is violent hyperæmia, with throbbing carotids, red face, intolerance of the least jarring, light, or noise. It would be called for, consequently, in plethoric patients, but not in cachectic patients like SEPIA.

SANGUINARIA produces a right-sided headache, the pains coming over from the occiput. They increase and decrease with the course of the sun, reaching their acme at mid-day. Paroxysms end with profuse urine (like Silica, Gelsem., Verat. alb.). Recurrence every seven days (like Iris vers.). Since, however, neurotic headaches often culminate in a profuse limpid urination, it would not be wise to conclude that such a termination may not make the SEPIA headache also. In SANGUINARIA, the menstrual headache attends a profuse flow; in SEPIA, a scanty. In the former the pains are right-sided; in the latter on either side, or alternately on the one and then on the other, though generally the left is affected.

IRIS VERSICOLOR has relieved hemicrania when the attack

begins with blurring of the sight (like Gelsem., Kali bich., Theridion, Psorin., Natrum mur.). But the same has been recorded for SEPIA. See Berridge's Eye Repertory. With IRIS the paroxysms are attended with sour watery vomiting. The pains involve the infra-orbital and dental nerves, with stupid or stunning headache. There are none of the uterine effects of SEPIA.

PULSATILLA is very similar to SEPIA. Both are indicated with scanty menses, bursting, throbbing, or boring, stitching pains on one side of the head, obscuration of sight; white tongue, nausea, and vomiting. The former has most vomiting, thickly furred tongue, with clammy mouth, and relief from cold air. Pains are shifting, with chilliness, worse in the evening. In SEPIA the pains recur in shocks or flashes, with proportionate increase of heat in the head; the blurring of sight is associated with heavy eyelids; and the face, though red, with headache, in either remedy, is ordinarily with the latter, yellow; with the former, pale.

NUX VOMICA is more suitable to men, but it may be needed in some instances in which SEPIA is similar, and, as we shall see, the two drugs are synergistic. NUX cures a drawing-aching feeling, as of a nail driven into the head, or as if the brain was dashed to pieces. The face is pale sallow, or red on a sallow ground. The attacks commence early in the morning and gradually increase to a frantic degree. Like SEPIA, exciting causes may be hæmorrhoids, abdominal plethora, or brain fatigue. But in general, the two drugs diverge greatly.

ARSENICUM cures a throbbing, stupefying headache over the left eye. Thus far it somewhat resembles SEPIA; but the prostration and restlessness are very different, as is also the intensity of the angry irritability, even to swearing, which the former induces. ARSENIC has in this headache an exceptional relief, though but a temporary one, from cold water to the head.

Theridion has, more accurately speaking, flickering before the eyes, then blurring. The nausea of this remedy is made worse by closing the eyes, and also by noise. The effect of noise is more intense than in SEPIA. It seems to intensify the pains, and as it were, penetrates to the teeth, so sensitive are the nerves to this sort of vibration.

SILICA may be needed after any unwonted exertion, if moderate. The pains excite nausea and fainting, and are followed by obscuration of vision.

EYES.—Vanishing of sight. Objects suddenly get black before the eyes, with great weakness, passing off when lying; also during menses.

Fiery sparks before the eyes. Zigzags of colors. Black spots passing in all directions.

Vertical hemiopia.

Eyes readily fatigued, especially in reflected light.

Eyes feel tired and are injected; feel heavy, lids inclined to close. Lids droop with the headache.

Swelling in the eyes, burning, flow of tears, which affords relief.

Burning, sore, rough feeling after walking in the cold wind, worse by gaslight and reading.

Cataract, especially in women.

Eyes feel like balls of fire.

Redness of whites of eyes in the morning, with burning, smarting and pressure.

Eyelids pain on awaking as if too heavy.

Margins of lids dry and hot; itching; scaliness or small pustules on the ciliary border. "Scratching sensation in the eyes, worse at night than at any time during the day, upon closing the lids; they feel as if they were too tight and did not cover the eye."

"Acute catarrhal conjunctivitis, with drawing sensation in the external canthus, smarting in the eyes, better by cold bathing, and worse morning and evening." Muco-purulent discharge in the morning, great dryness in the evening.

Follicular conjunctivitis, worse during hot weather.

Trachoma, with or without pannus, especially in tea-drinking females.

Related Remedies.—SEPIA, according to the experience of many, is of great value in eye affections reflex from uterine irritation. We have for years employed it in blurring of sight, etc., with prolapsus uteri. (See also Norton's Ophthalmic Therapeutics, from which we have freely borrowed of its rich clinical experience.) We have likewise found it efficacious in asthenopia, associated with exhaustion dependent upon loss of semen, whether of voluntary or of involuntary occurrence. In these respects the drug is similar to NATR. MUR., LILIUM TIG., *Jaborandi*, Kali carb. The first of these superadds muscular weakness (internal recti), stiff sensation in the muscles of the eyes on moving them, etc. There is running together of letters or stitches, but not the sudden vanishing of sight so marked in *Sepia*.

Lilium causes smarting of the eyes; blurring with heat in the eyelids and eyes; sharp pains over the left eye, thus symptomatically resembling *Sepia*. It has also burning, smarting in the eyes after reading, better in the open air, like Pulsat. Spasm of accommodation. See Jaborandi.

Cyclamen and Pulsatilla may also be considered with Sepia in sudden vanishing of sight; the first with profuse and dark menses, the second with scanty dark flow. But the Cyclamen blindness accompanies a semi-lateral headache of the left temple, with pale face, nausea referred to the throat, and weak digestion.

The remaining eye-symptoms of Sepia we may summarize as follows: Cataract; conjunctivitis, especially in asthenic cases; trachoma; scaly lids, pustular lids with eruption on the face; muco-pus in the morning with dryness in the evening; eyes irritable to light, lids close in spite of him; eyelids droop; aching, sticking pains, worse by rubbing. Causes: uterine or liver diseases, scrofula, tea-drinking. Worse morning and evening, in hot weather, better from cold washing and in the afternoon.

Compare the following: Pulsatilla, but the muco-pus is bland, worse at night, gluing the eyes in the morning; fine granulations on the lids; repeated, highly-inflamed styes.—Graphites, but the canthi crack and bleed, edges of lids are pale and swollen as well as scaly.—Thuja, especially with tea-drinkers; brown, bran-like scales about the cilia; tarsal tumors like warts.—Staphis., dry margins of lids, old nodulated styes, abuse of mercury.—Sulph., small pustules, like Sepia, but generally edges very red; pains worse early morning; both worse in hot weather.—Nux vom., both in liver-diseases, morning exacerbation and relief of some symptoms from cold bathing.—Natrum mur., reflex uterine; lids droop. But there is more spasmodic closure of the lids in conjunctivitis, etc., the discharges are thin, acrid, there are cracks in the canthi (Graph.), and also in corners of mouth; pains over the eye, worse when looking down.—*Alumina*, both have falling lid, dryness, burning, dim sight; but Alumina is worse evening and night, inner canthi affected.

Drooping of the lids marks the Sepia asthenia; but it is less genuinely paralytic than that of Rhus, Caust., Gelsem., Conium, etc.

In hemiopia, compare: Lycopod., Natr. Mur., Calc. Carb., Bovista, Viola Od., Mur. Ac., Lobelia Inf., Chin. sulph., Titanium.

LACERATIONS OF THE CERVIX UTERI.

REPORT OF THE BUREAU OF OBSTETRICS AND GYNÆCOLOGY OF THE PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

ETIOLOGY OF LACERATION OF THE CERVIX UTERI.

BY ROBERT J. M'CLATCHEY, M.D.

On examining the causes of laceration of the cervix uteri the most prominent factor that presents itself, as a *causa occasionalis,* is parturition.

The subject has, however, been so well and thoroughly written up by Emmett, Goodell, and yet more recently by Van de Warker* and others, that I, having little or nothing new to offer, shall limit myself in this paper to a succinct statement of what seems to me to be the most important facts.

The most important and marked factor, more especially as an immediate or exciting cause of cervical laceration, is the act of childbirth. That such laceration does occur during labor very frequently, there can be no doubt, and, in fact, in primiparous cases especially, there is scarcely any labor, however easy and natural, in which, more or less, laceration does not occur, from a slight and simple tearing of the vaginal or vulvar mucous membrane, or of the labiæ, or the destroying of the normal boundaries of the vulva, to laceration of the cervix uteri, or of the perinæum, or of both, or of all of these in conjunction. That these untoward circumstances are often the result of misguided or "meddlesome" midwifery there can be, in my opinion, as little doubt.

It might be very reasonably inferred that laceration would occur most frequently in cases of rapid labor, wherein the expulsion of the fœtus occurs with such rapidity that a complete dilatation of the os has not been effected, and that the presenting part being forced through an undilated and undilatable os, tearing of the tissues has resulted; and if the table prepared by Dr. T. A. Emmett has shown this to be the case, so far at least as his experience goes, it would seem to but be a bearing out of the *a priori* reasoning on this subject. The contrary, however, is really proven to have been the case by this tabular statement; for, while laceration of the cervix occurred in nearly 23 per cent. of the cases collated as rapid labors, nearly twice as many, or nearly 43 per cent., occurred in *tedious labors,* if we include in this class, where no doubt

* Obstetrical Journal, January, 1882, p. 103.

they belong, the forceps cases presented. But, in this same table, we note that laceration occurred in 12.74 per cent. of labors that are put down as "natural." It would seem, therefore, that lacerations are not confined exclusively to one class of labors, but that in rapid, tedious, or natural labor it is liable to occur, and that it is possible for it to occur even in cases of miscarriage, even in the early months of pregnancy. This latter fact shows that something more than the mere birth of the fœtus is necessary to bring about a laceration of the cervix; and for the other factor we must look chiefly at the dilatation and dilatability of the os.

It may sound strangely to you to learn that the early rupture of the membranes, in cases of labor, has been openly advocated. Dr. William Goodell, in his work entitled *Lessons in Gynæcology*,* writes, that at a meeting of a branch of the British Medical Association a member stated that "he was in the habit of rupturing the membranes as soon as he arrived in any case of labor, and found this very useful. Another remarked that at one time he thought the membranes were of some use, but he did not now believe it. . . . . Again, a late writer, in giving an analysis of eight hundred cases of labor, says: 'I have never found any ill effects from rupturing the membranes when the os is the size of a shilling, but find that the child's head is a better wedge than the bag of liquor amnii. I am further convinced that much assistance can be rendered by the accoucheur gently dilating the os uteri with the finger during a pain after the rupture of the membranes.'" These gentlemen do not tell us what percentage of these cases thus treated had lacerated cervix, and, indeed, it is extremely probable that they did not know. Such views seem to the average American as altogether erroneous, and such measures pernicious. Yet these views and practices have received a *quasi* indorsement and support from a very distinguished authority, viz., Dr. Matthew Duncan, who, in his *Researches in Obstetrics*,† in an article entitled "On the Power of the Uterus to Resist a Bursting Pressure," gives experiments which go to show that the pressure necessary to rupture the membranes is about as great as that required to expel the child, and a reasonable deduction from this would seem to be, that if the membranes are ruptured by the accoucheur all this force would be saved and stored up to be utilized in the expulsion of the child.

* Lessons in Gynæcology. By William Goodell, A.M., M.D., p. 205.

† Researches in Obstetrics. By J. Matthew Duncan, L.R.C.S.E., etc. 1868, p. 326.

The statement that the child's head in the dilatation of the os is a better wedge than the bag of water will not be agreed to by a very large proportion of physicians; and, indeed, it is not only contrary to the facts, but seems as well to be contrary to reason. The pressure exerted equally in all directions by the yielding membranes upon the circumference of the os, are and seem to be a better wedge and dilator than the child's head, with its comparatively unyielding character, its irregular shape, and its failure to fill the entire os.

The premature rupture of the membranes, and the removal by this means of the natural dilator of the os, being often followed by strong expulsive pains, is doubtless a prominent factor in the causation of cervical laceration, and dilating or fingering the os should be put in the same category.

The use of forceps is another cause, and doubtless a frequently operating one, in producing these cases, especially the unnecessary and unskilful use of this valuable instrument. Dr. Goodell states that he has generally found that when the tear was an unusually bad one, the perineum was also torn, and that the labors had been instrumental. But laceration of the cervix is by no means always the result of hasty, meddlesome, or ignorant midwifery. It seems to be the result of certain fixed conditions as well, and these are a part of the patient's individuality, and may be put down as the predisposing causes, just as the mere act of labor, or the expulsion of the child through the os, is the exciting cause. Taking this view of the subject, the anticipation and prevention of laceration of the cervix has a more hopeful future, especially in view of the well-known power of the properly chosen homœopathic remedy to remove disordered conditions of various kinds.

Pathological conditions of the os, of various kinds, may be reckoned as of the more important of these predisposing causes. Progressive degeneration of the tissues of the os, whether fatty or otherwise, and whether simply and entirely local, or whether as a part of a general or systemic tendency or condition, the effects of repeated labors, subinvolutions, and hyperplasias, all have more or less association with degeneration, usually softening the cervix, and these, together with other forms of degeneration of tissue, are more or less amenable to homœopathic and other medicinal treatment and hygienic measures.

Disease and degeneration of the follicles of the cervix, notably the glandulæ Nabothii, by softening, honeycombing, and altogether breaking the power of resistance of the tissues of the cervix, may be regarded as an important item in the

tendency to the occurrence of laceration during labor. Not only may such causes and similar ones be directly the cause of laceration, by lessening the power of the muscular and connective tissue of the cervix to resist the pressure of the enlarging fœtus, but also by seriously impairing its dilatability.

Van de Warker refers to œdema of the cervix caused by obstructed heart's action. "Cases are upon record," he says, "of annular laceration of the cervix explained upon this theory. . . . . This cause acts with great force during the pregnant condition. In the unimpregnated, the livid and softened cervix observed in cases of heart disease, is a fair index of what takes place during gestation."

Rigidity of the os uteri is doubtless a source of great danger of laceration during parturition, especially if rigidity is accompanied with hard expulsive labor-pains. Undilatation and undilatability of the os almost always causes laceration of the cervix, if labor is procured with the forceps, the *vis a fronte* being added to the *vis a tergo*, and the child is dragged and forced through a passageway not sufficiently opened, or ready to permit it without injury to a greater or less extent of tissues. The presence of disease of the cervix or of cicatricial tissue, the results of pre-existing disease, and in fact the presence of almost any form of disease of the cervical tissues, may be regarded as predisposing causes of laceration, only requiring the presence and action of the *causa occasionalis*, viz., labor, to bring about the entire condition.

In addition to these causes, there is, in my opinion, another, which may be a cause. I mean a general deviation from the normal of the entire parturient process; a want of harmonious action, or a condition, so to speak, of ataxia of the puerperal forces; or failure of coordination of these forces, so that they do not all unite together in harmony to bring about a certain specific and desired result in a natural and physiological manner.

Elongation and thinning of the cervix during labor, especially during protracted labor, may be carried to such an extent as to cause a rupture of the overstretched and thinned tissue, as a necessary consequence. In some cases this elongation and thinning is carried to such an extent that the cervix follows the head down, and is extruded beyond the vulva with it. Indeed, I have more than once seen the child born apparently with a caul, what seems to be the membranes being the extended cervix. In cases of this kind laceration might readily occur.

There are many other points that might be made on the

subject, but I think I can do no better than offer, in conclusion, the following recapitulation by Dr. Van de Warker:

"From the variety and importance of the conditions of laceration of the cervix, it may be useful to recapitulate:

"A.—Pathological changes in the cervix may lead to lacerations during parturition, from: (1) progressive degeneration of tissues, due to repeated labor; (2) cervical inflammation and hyperplasia; (3) degeneration of ovula Nabothii, or cysts, or follicles degenerated into cavities; (4) softening due to chronic catarrh and inflammation; (5) presence of cicatricial tissue; (6) œdema of the vaginal portion, occurring at the first stage; (7) œdema due to heart disease.

"B.—Deviations from the normal in conditions of the cervix antecedent to the labor, due to general conditions, as follow arrested or impaired gestation; softening due to many causes.

"C.—Deviation from the normal in the mechanism of labor; (1) Want of balance between radial expansion of cervical canal and elongation; (2) untimely expulsion, with reference to cervical expansion; (3) excessive amplitude of pelvic strait, or, (4) a small fœtus permits too sudden expulsion; (5) adherent membranes; (6) sudden rupture of membranes with rapid expulsion; (7) administration of ergot.

"D.—All the foregoing conditions being normal, the cervix may be endangered from defect in the action of the uterus; (1) irregularity in action of the uterus (uterine polarity); (2) disturbance in direction of descent of head from uterine obliquity; (3) harmony of uterine action disturbed by mental emotion; (4) hysteric state.

"E.—Mechanical causes; (1) obstetrical operations; (2) vesical calculi; (3) long-continued distension, by arrest of head at perinæum."

To these I would add, probably included in the above in whole or in part, that condition of the system which we sometimes find in the highly toned venous system of the woman, which declares itself to us in various ways, and has for its chief outward and visible signs, a certain hyperæsthesia and hyperalgesia, and more especially of that very present and yet somewhat mythical disease, spinal irritation, wrought up to a still higher pitch by pregnancy, and still further unstrung by parturition, to the point of resisting in all possible ways, the harmonious and physiological performance of that grand office —parturition. That lacerated cervix may be the outcome of this condition I have no doubt.

PREVENTIVE TREATMENT.

BY E. A. FARRINGTON, M.D.

THE prevention of cervical laceration includes every hygienic and therapeutic measure which can possibly be needed during the entire period of gestation; hence, the whole Materia Medica is tributary to the obstetrician. Still it may not be amiss here to refer to several points most likely to present themselves in the usual run of cases.

I am, however, treading upon new ground. Clinical experience in this direction is, as yet, so meagre that it offers no guide to therapeutic study. And added to this, is the lamentable truth that our Materia Medica is deficient in clear and well-characterized symptoms of the cervix uteri. Gynæcologists, instead of following Dunham's advice to institute provings on females, have too frequently discarded homœopathy, and have resorted to local devices suggested in allopathic works.

What I shall offer, then, will be chiefly suggestive, to be accepted and tried, or to be rejected, according to the judgment of the hearer.

My predecessor has presented a graphic description of the causes of cervical laceration, some of which may be met with therapy or mechanical device.

The professional care of the enceinte woman usually dates from her distressing morning sickness. It is now recognized that this symptom is often, if not always, an evidence of disease of the cervix, disturbed uterine vascularity, etc. It constitutes an early evidence of disease which may lead to the accident we desire to prevent. We should, therefore, pay careful attention to this symptom, and combat it with medicines, or, in the event of their failure, with mechanical means. One of the most promising medicines for morning sickness, reflex from a hard tumefied cervix, is Sepia.

The physiological softening of the lower uterine segment, which suddenly develops about the seventh month and progresses thence until full term, may be interfered with in various ways:

If by undue congestion: SEPIA, NUX VOM., *Sulph.*, Aloes, etc.

If by weak heart, which favors venous stasis, the cervix appears patulous, congested, even livid, or œdematous: *Digitalis, Lachesis*, Lycopus, *Arsenic, Apis*, Lilium tig., Puls., Gels., Naja, Elaps.

It has been determined that heart-diseases are regularly and

progressively aggravated by successive pregnancies. Since, therefore, weak heart may permit uterine engorgement, why should we not treat the heart when diseased, both with a view to stay its tendency to grow worse during gestation and labor, and also with the view of counteracting its baneful effects upon uterine nutrition?

If softening is interfered with by swelling or induration of the cervix: Con., CARBO ANIMALIS, SEPIA, Phytolac., Iod., Kali jod., Thuja, Ars. jod., Ferr. jod., Calc. carb., Natr. carb., Aur., Aur. mur., Aur. mur. natronat., Hydrastis, Alumen, Canth., Mitchella, Plat., Arg. met., Hydrocotele, Creosote, Nux vom.

Years ago, Dr. Lippe stated that on being engaged to take charge of a lady in labor, she remarked that he must certainly bring instruments, for they were always necessary, and, according to her former physician, always *would* be necessary, because she had an indurated cervix. Dr. Lippe gave the patient Sepia, and she was delivered in due time *without* instruments.

In many cases Carbo an. will doubtless suffice. Conium is suggested when there are stinging pains. Phytolacca deserves a trial when the hardened neck is dark red. And Kali jod. claims attention in syphilitic or in scrofulous cases with swollen and contracted neck. The preparations of gold, particularly the Aurum natronat., may be needed, especially when there is much vascular engorgement, with melancholy, weariness of life. Platina is preferable when there are shooting pains, with cramp and melancholic mood, or haughtiness. Alumen is required when the cervix is swollen, painful, and narrowed. Mitchella answers for a dark-red, sore and swollen cervix. Hydrocotele should not be neglected when there is unnatural redness of the cervix, hot and red vagina with pricking and itching at the vulva; scaly eruptions on the skin. HYDRASTIS will undoubtedly assist if the cervix is red, shining, or engorged and ulcerated, with gluey or ropy mucous leucorrhœa.

The salts of iron, since they notably disturb the circulation, and include the uterus in their sphere of action, may serve a purpose here too. *Ferr. jod.* has been proved to affect the uterus, inducing prolapsus, bloating of the abdomen, deepseated intra-pelvic soreness, and a confirmed symptom,—on sitting she feels as if she was pushing something up into the vagina.

Argentum met. may possibly come into service if the cervix is corroded, spongy; Creosote if it is tender as if ulcerated; Natrum carb. if ill-shaped; Ustilago if patulous, oozing blood when touched, etc.; Copaiva if there are stitches, with dragging

in uterus and bladder; burning spots in the vulva, itching; acrid leucorrhœa.

If the softening process is excessive, we may study with advantage: Ustilago, Secale, and also remedies and hygienic measures looking to general uterine as well as systemic nutrition. For, if the body is illy-nourished, the new-tissue will be weak and readily susceptible of retrogressive changes. It would be folly to attempt a summarizing of such a vast subject as this.

The whole range of therapeutics must be consulted. Attention may be drawn, however, to two or three drugs which seem especially adapted to uterine debility. These are Alteris farinosa, Abies canadensis, Cyclamen, Pulsatilla, Helonias, Caulophyllum, Secale, Ustilago, Sepia, etc.

Aletris suits when there is persistent morning sickness, debility, constipation, slow digestion.

Abies can. should be thought of when there is abnormal hunger, with faint feeling, swimming tipsy sensation; she feels as if the womb was soft and feeble; craves pickles. Compare Sepia.

Cyclamen causes weak digestion, even the plainest food cannot be digested; nocturnal flatulency, from atonic bowels, causing distension, relieved only by getting up and walking about. Nausea referred to the throat.

Helonias, as is well known, causes a quantitative loss of blood-corpuscles. There are, consequently, languor, tiredness, as after long exertion, aching of all the muscles, etc. If it fails, Picric acid has proved a successful substitute.

If cicatricial tissue retards the necessary cervical changes, compare Graph., Phytolac., Thuja.

Flexions, cervical contractions, and uterine deviations, must be corrected by mechanical means. Tampons of cotton, so placed as to hold up the uterus, and so to straighten the flexed neck and permit free circulation, will be needed. If the uterus is retroverted or retroflexed, we have found Cutter's pessary necessary until the uterus shall be large enough to rise out of the pelvis.

Rigidity of the various parts needed in labor, as well as inharmonious action of these parts, may also lead to lacerated cervix. It becomes the accoucheur's duty, then, to see to it, that his patient be free from any of these conditions. False labor pains, which, as it were, mark the preparatory drilling of the uterus, should be controlled if they become excessive and spasmodic. The best remedies here are Caulophyllum,

Ignatia, Nux vom., Viburnum op., Actea racemosa, Cuprum, Coffea, etc. The first is usually all-sufficient.

If the labor is too rapid, not permitting time for normal dilatation, we may select such drugs as BELL., Cham., Coffea, Actea rac., CAULO., SECALE C., Apis.

BELLADONNA is suggested by the suddenness of the pains, coupled with their too quick bearing down, as if everything in the pelvis would be ejected.

CAULO. and SECALE are indicated by a prolonged bearing down without any intermission. The woman may talk or otherwise make inspiratory and expiratory motions, and yet the pain continues.

Apis has bearing down in the early stage of labor, and so may be needed to retard the too rapidly progressing second stage.

If, however, these fail, or if rapidity is due to a large roomy pelvis, we may press steadily, but not too strongly, upon the advancing head during the pains.

If the danger arises from too early escape of the amniotic fluid, from dry labor, or from protracted labor, frequent and thorough lubrication of the cervix and vagina will materially aid. Medicines, too, are of service. For dry labor, the parts feeling hot, give Aconite, Coffea, or Belladonna, especially the latter, though mental symptoms will decide.

Delay at the pubic arch is very common. The anterior lip of the cervix is felt swollen, hot, and dry, between the advancing head and the pubic bones. By continued compression it loses its tone and readily yields latterly, when the head finally, and often suddenly, descends upon the perineum.

The tumefied lip, if there is not too much stretching of the tissues by the advancing head, may be held above the bones during two or three pains. The woman may be directed to lie upon the abdomen, or the accoucheur can press with the hand upon the hypogastrium.

Neuralgia and rheumatism of the uterus, by leading to protracted labor, favor the accident under consideration. Prominent remedies are, for the former: Actea rac., Xanthoxylum, Lilium, Sepia, Puls., Ignatia, Helonias, Viburnum op., etc., according to their respective indications. And for the latter, Actea rac., Rhus tox., and Pulsat.

Still another source of causation is a want of consentaneous action between fundus and cervix. The pains are intensely *painful*, but either lack expulsive force, or produce irregular contractions, the uterine surface being felt as if full of lumps.

The most effective drugs here, are: CAULOPHYL., SECALE C., PULSAT., *Gelsem.*, *Causticum*, *Cocculus*, COFFEA, BELLADONNA, *Cuprum*, and lastly, Brandy.

Some years ago Dr. Burdick published it as his opinion that Brandy acted on the fundus uteri. Since then several opportunities have been afforded to test the value of this observation.

On one occasion I treated a lady whose labor pains ceased to do any good, the fundus remaining uncontracted. Despite the utmost care in selecting my remedies, the patient steadily grew worse until her distressing moaning, her rapid but weak pulse, upturned eyes, and wandering speech, warned me of her imminent danger.

The os was rigid and but slightly dilated, rendering instrumental interference very difficult if not impossible. A few drops of cognac in a half wine-glass of water, a teaspoonful every three or four minutes, quickly restored strength, and, likewise, brought on vigorous and effective labor pains.

More directly concerned in cervical laceration is a rigid or spasmodic state of the neck. For the first condition the best remedy is undoubtedly GELSEMIUM. Pains are cutting from before backwards and upwards, the uterus seems to go upwards. Pains leave the womb and fly all over the body.—(Allen.) (Compare Causticum and Caulophyllum.)

We may also consult Conium when there are stinging stitches in the rigid neck; Calc. carb., stinging and cutting; the uterus seems to ascend, Actea rac., etc.

For spasmodic rigidity, the most reliable remedy is BELLAD.; though we may need Actea rac. and other remedies. If nausea is a prominent reflex symptom, relaxation will follow the use of Ipecac., Lobelia inflata, Ant. tart., or Morphinum. Too much credit, however, may here be misplaced, for the oncoming of nausea frequently indicates the commencement of the wished for relaxation. I do not advocate any of these drugs in emetic doses as has been advised. I refer solely to their homœopathicity, according to their respective symptoms. Partiality to allopathy is never becoming in a homœopathician; but an emetic here is especially objectionable, for, by causing laxness, it might precipitate the very accident we are anxious to prevent.

Finally, since Dr. Burnett and several others have shown, indisputably, that the growing fœtus may be influenced through the mother, why should we not avail ourselves of this fact.

EFFECTS OF LACERATIONS OF THE CERVIX UPON HEALTH.

BY B. F. BETTS, M.D., PHILADELPHIA.

When the cervix is lacerated during the passage of the child's head in parturition, important bloodvessels may be involved in the tear, and hæmorrhage more or less profuse occur, unless the child lodges in the opening long enough to tampon the bleeding surfaces. Hence in these cases of rapid delivery, which occur from the head being forced low down into the pelvis with the unyielding cervix crowning it, until a sudden tear liberates it, and allows it to impinge with such force upon the undilated perineum as to rend *it* asunder,—the cervix is cleared of its contents, the bleeding vessels are left gaping, and a steady stream of blood continues to flow from the vulva or from coagula in the vagina, despite the fact that the uterus is emptied of its contents, and well contracted into a hard mass, felt through the abdominal walls.

As an accompaniment to the hæmorrhage, the symptoms of shock may be added, especially if the tear is extensive and involves the peritoneum. These two factors combined, may lead to a fatal termination very unexpectedly, if the physician is misled into a fancied security by the well-contracted uterus felt in the hypogastric region, but if he is mindful of the liability of a laceration of the cervix to produce hæmorrhage, under such circumstances he will clear the vagina of all clots, introduce a piece of ice against the bleeding surfaces, inject a stream of hot water over them, or even introduce one or more sutures through the opposite flaps, so as to draw them together, and effectually stop the flow of blood. The sutures can best be introduced by exposing the parts by means of Sims's speculum, but as this instrument will rarely be at hand in such an emergency, the fingers of the nurse may be hooked into the distended perineum, and made to retract it sufficiently to allow of their introduction.

But in a majority of cases a laceration of the cervix produces but little effect until four or five days have elapsed, when a slight fever develops, which can neither be attributed to exposure, nor to the establishment of the milk-flow, but is explained by the inflammation set up in the connective-tissue at the seat of the laceration, detected by making *deep* pressure into the pelvis just above the inguinal ring on one or both sides, as one or both sides of the cervix may have been involved in the tear. Symptoms of septicæmia may supervene with a diurnal rise of temperature, and the fever continue for

some time until a pelvic abscess forms and discharges, or resolution is effected.

In either case the lying-in period is prolonged, and the patient has a poor getting-up. She remains weak from loss of appetite and fever, accompanied by a prolonged and somewhat profuse lochial discharge. She is distressed by dragging pains in the pelvis, constipation, headache and nervous prostration.

For a long time afterwards a "show" of blood appears from over-exertion or sexual intercourse, if the laceration has been extensive and remains unhealed.

If she nurses her infant these symptoms may gradually disappear as the uterus becomes reduced in size by the process of involution; the torn surfaces may eventually become covered with a new mucous membrane, but a rent or cleft is left as an evidence of a lack of union in the injured cervix. If, however, she is unable to nurse her child, as frequently occurs on account of the fever and prolonged convalescence, the menses recur too frequently, or are too profuse, a leucorrhœal discharge keeps up a constant drain upon the system during the intermenstrual period, and after a time may become very excoriating, and induce terrible itching about the vulva. Sexual feeling is frequently abolished, and pain in the region of the uterus is experienced from coition. Mental depression casts a gloom over everything about her, and all the joys of the husband are marred by the constant pity and sympathy she elicits.

An examination of the pelvic viscera at this time leads to the discovery that the uterus is enlarged and encysted and sensitive, for the process of involution has been interfered with by the hyperæmia induced by the tear; the relaxed ligaments have allowed the uterus to settle down, and its own inherent weight keeps it upon the floor of the pelvis with the lacerated surfaces macerated in a pool of mucus from the cervical and uterine mucous membrane, and subject to constant erosion as each muscular effort rubs them against the posterior wall of the vagina. When the speculum is used and the cervix exposed, an open sore presents itself to view, which was always designated and treated as an ulcer until Dr. Emmett pointed out its true character.

If an attempt is made to pass the uterine sound it will be found to be attended with unusual difficulties in cases in which the tear extends more to one side than the other, for then the cervical opening will not be at the central part of the gaping os externum, and the point of the sound introduced catches in the folds of the hypertrophied mucous membrane, and fails to

penetrate further than to the bottom of the laceration, until the true opening of the canal is found.

As it passes the internal os into the cavity of the uterus, the pain experienced indicates the amount of subacute inflammation in this locality, and when it reaches the fundus we shall find the cavity measures from three to four or five inches in depth, instead of but two and a half inches as in the normal condition.

If the laceration is of long standing, the attempt to pass the sound will, in some cases, produce more or less bleeding from the cervix. Through the speculum we shall find that this comes from a number of small polypoid masses, about the size of a grain of wheat, or sometimes as large as a white winter bean, soft and gelatinous to the touch, and attached to the cervical mucous membrane by a stem.

The glandular structures of the mucous membrane will also be hypertrophied in many cases, especially in those in which the torn surfaces have become everted or turned out. Then the glands will be felt as hard masses in the mucous membrane, presenting, upon inspection, a whitish-yellow appearance, from the imprisonment of their contents from the occlusion of their ducts.

Leading off from the lacerated cervix, we often find bands of cicatricial tissue running towards the pelvic walls, which are the remnants of the inflammation it has induced. In some cases the cicatricial contraction has distorted the position of the uterus, so that it may be retained in the position of latero-version, retroversion, or anteversion.

It is claimed by Dr. Emmett, that this cicatricial tissue environs the nerve filaments of the part so closely as not only to lead to neuralgia of the pelvis, but also to induce reflex neuralgic pains in other parts of the body so persistent as to be incurable without a thorough excision of the cicatrized mass by means of the knife or scissors.

The hypertrophy of the cervix induced by a laceration may in some cases result in such an elongation of this structure as to extrude the parts towards the vulvar opening, but we differ from Dr. Emmett in the supposition that every case of hypertrophic elongation of the cervix is due to this cause, for some of the most marked cases we have ever met with occurred in women who had never been pregnant.

We agree with him, however, in the assertion that a laceration of the cervix may serve as a nidus from which a cancerous infiltration may spread, for the cervix is the favorite

seat of this disease in those predisposed to it, but we are not justified in assuming that a laceration will *cause* cancer any more than it will cause hypertrophic elongation in an organism not otherwise predisposed to it.

Perhaps the enthusiasm of the discoverer of this injury has led him to draw some erroneous conclusions in regard to the influence lacerations have upon the health of females, therefore we need to balance his theories by our own convictions drawn from careful clinical observation, as we would do before accepting any other person's dicta. And although the picture of the sufferings induced by fissure of the cervix as delineated above is all too frequently met with, yet many an injury to this structure, received at parturition, heals up by first intention, and leaves no tangible evidence of its occurrence.

Those rents that occur through the anterior cervical lip heal up most readily. Those through the posterior more rarely. Extensive bilateral as well as unilateral lacerations rarely unite, as the two cervical lips are apt to become everted by the pressure of the uterus from above.

But the severity of the symptoms, developed during the lying-in period, are not dependent upon the location of the tear or the extent of the injury in all cases, for a stellate laceration through tissues whose vitality has been destroyed by long-continued pressure from impaction of the head, predisposes, more than anything else, to septic absorption if the raw surfaces are allowed to soak in the putrid lochial discharges which surround them.

When the lacerated cervix remains everted, and yet heals over, the function of the organ as a support to the uterus, a canal for insemination, and a barricade against the premature discharge of the products of conception, are all impaired, consequently we find uterine displacements resulting, sterility following, and when impregnation does occur, the product is so insecure that abortions and miscarriages frequently occur.

These all add to the sufferings of the patient by keeping up the uterine congestion, with hyperplasia, increased menstrual flow, leucorrhœal anæmia, and delayed climaxis, but eventually the senile atrophy of the female generative organs, which marks the close of the childbearing period, removes these organs from that sphere of influence which they have previously occupied, so that the laceration no longer affects the health of the female as it did formerly, and her sufferings from this cause are at an end.

DIAGNOSIS AND COMPLICATIONS OF LACERATION OF THE CERVIX UTERI.

BY ISAAC G. SMEDLEY, M.D.

Unless his attention is called to it by a profuse or otherwise unaccountable hæmorrhage, or a persistent oozing of blood, or unless he has felt the cervical tissue giving way under his finger before the advance of the child's head, the accoucheur is too apt to neglect to examine his patient immediately after labor for laceration of the cervix uteri. And by such a neglect he may lose the opportunity of possibly preventing that harassing train of symptoms which follow such a lesion if the wound fail to unite.

To diagnose this injury at this stage is not so easy as it might at first seem to be, unless the laceration be very extensive, involving the vagina and connective tissue, and extending into the bladder, peritoneum, etc., as the cervix is so soft, contused and swollen by the passage of the child, and hangs down so limp that a slight tear is difficult to discover. In fact it is doubtful if a woman can give birth to a first child without a slight tear, as is illustrated by the characteristically transversely elongated, irregular, partially opened os of the parous woman compared with the circular os of the nullipara.

By the introduction of the largest size cylindrical, or still better Sims's speculum, and carefully swabbing the parts with a sponge or absorbent cotton, one may see the torn surfaces, which can be drawn together by tenacula.

We must bear in mind, however, that the tear will now appear much larger than after involution of the uterus has taken place.

The laceration may occur at any point in the brim of the external os. When unilateral, its most frequent position is on the side towards which the occiput presents during labor, hence on the left side and slightly anterior to the junction of the anterior and posterior lips. Laceration occurs more frequently through the anterior than through the posterior lips, especially if there was a previous anteflexion of the uterus. The bilateral variety extends directly across the cervix, transversely separating the two lips, and as the weight of the subinvoluted uterus comes upon it, it separates the torn surfaces more completely.

The stellate variety is a multiple laceration, radiating as it were from a common centre, two of which lacerations are usually lateral.

And, finally, the cervix may lacerate from the internal os

outward, involving the cervical canal but not the external os to any great extent. It has all the symptoms of the other varieties, but it is difficult to demonstrate. The cervical canal is open and funnel-shaped, admitting the index finger, and its walls are very much thinned, the mucous membrane protruding from the external os as in the other varieties.

When the lacerated surfaces are healed over without uniting, the well-defined notched edges will indicate clearly, both to the sense of sight and touch, that it is a laceration with which we have to deal. But it is very rarely that we find this to be the case. The pouting of the mucous lining of the cervical canal, the rolling out of the split lips, the abraded surfaces studded with enlarged Nabothian follicles, and covered with the red elevated papillæ, so fill up the sharp angles of the laceration as to resemble so closely cervical erosion, the so-called ulceration of the cervix, that, even at the present day, it is very frequently mistaken for it. But by the use of Sims's speculum and with a tenaculum in each hand, the rolled out and thickened cervical lips can be brought together, covering up the raw surfaces, and making a well-shaped cervix uteri.

This will determine whether the laceration be present, but it will be important to decide further whether the abraded surface be simple erosion or some other disease closely resembling it.

The most frequent complications of this kind are cancerous affections. The dysmenorrhœa, bleeding after coition, metrorrhagia and menorrhagia, and watery discharges so common in cancerous affections may also be present with simple erosion. We must, therefore, not decide too quickly, before a careful examination, that our patient is suffering from a cancerous affection.

Medullary cancer is the most frequent; it grows in the substance of the cervical walls, the mucous covering being secondarily involved. It begins as a thick, hard, nodular mass, or the lips may be uniformly swollen. The vaginal portion is especially involved, increasing rapidly and filling the vaginal canal. The os uteri is puckered very similarly to the cicatricial contraction after a partially healed laceration. But the mass soon undergoes a degenerative process, breaking down into a soft, "brain like," putrid, sloughing ulcer with sharp, well-defined edges. At this stage, one who has once had the stench upon his finger will no longer mistake the disease.

Epithelioma is next in frequency. In its early stage it resembles closely a simple erosion. It begins as a small

patch of hypertrophied villi in the cervical mucous membrane, which grows rapidly into a branching cauliflower-like tumor, which bleeds profusely at the slightest touch. Its tendency to involve the adjacent parts is but slight.

Sarcoma of the uterus is rare, and usually attacks the fundus first and extends to the cervix.

Corroding or phagedenic ulcer of the cervix is a well-defined ulcer with marked edges, and very similar to the rodent ulcer of the face, spreading to the surrounding parts, but with no deposit in the surrounding tissue.

Syphilitic ulcer on the cervix is rare, although it may occur in that position. It resembles the well-known sharply-defined edge of the ulcer as found elsewhere. The secondary rash appears almost immediately afterwards.

As an almost constant complication of laceration of the cervix we have a cellulitis set up, affecting the broad ligament on the injured side, resulting in a shortening of the uterine support of that side, and a consequent dragging of the organ in that direction.

TREATMENT OF LACERATION OF THE CERVIX WITHOUT OPERATION.

BY R. C. ALLEN, M.D.

My purpose is to speak of the treatment of that class of lacerations which are cured by medicinal means without the assistance of the knife.

These are the lacerations which physicians in general practice will always be called upon to treat; and to put you in the way to treat them successfully is the intention of the suggestions presented in this article.

There are cases, however, which require the interference of the knife to obtain a cure, but they are extremely rare, and when met with should be referred to a specialist for treatment; then again we will always have remote cases to deal with, and it is especially to the treatment of these cases that I shall invite attention.

If I can reduce a congested, swollen, and painful cervix, and coat a lacerated and erosed surface with a good soft mucous covering by topical applications, with an obliteration of constitutional reflex symptoms by the internal treatment, my results are as gratifying as those obtained through the use of the knife. Another advantage the medicinal treatment has is that every physician can practice it. Still another advantage is, that a laceration healed by medicinal means will not, likely,

reopen in a future confinement, whereas the lacerated surfaces united by stitches form a cicatricial union which is quite certain to reopen at the next confinement, and is often a constant source of irritation, producing reflex symptoms of a painful and continuous character.

Now the lacerations which require surgical aid are those which are complete, and extend through the entire length of the cervix to or beyond the vaginal junction; but we may practice gynæcology a long time before we meet with such a case.

In every case of laceration there is associated more or less of vaginitis, or subinvolution, or some altered condition of the vagina or other appendages, which complicates the case, and which must be overcome first before the lacerated surface will heal.

Hot water is an important agent in the treatment of lacerations; it reduces the swelling, relieves the pain, establishes a healthy circulation of blood, and softens the hardness of the cervix, vaginal walls and cellular tissue, and imparts tonicity and strength.

My plan of treatment is to place the patient upon her back, with the thighs flexed upon the abdomen and the buttocks drawn to the edge of the table, then with water as hot as can be endured, wash out the vaginal cavity, letting a gallon of water flow gently in and out. After this has been accomplished, I expose, by means of a speculum the vaginal cavity to ascertain the condition of the parts.

If the vaginal walls are tense and contracted, a few applications of glycerin, by means of a cotton tampon, will relax and soften the parts and assist greatly in relieving the sensitiveness and congestion.

When the cervix is enlarged and indurated, and there is enlargement with sensitiveness of the womb, the free application of the Tinc. of iodine to the cervix reduces the swelling, ameliorates the pain, and starts a healthy action upon the erosed surface. Iodine is also given internally. Belladonna ointment gives great relief when the vagina is inflamed, and the bloodvessels of the surface have a congested appearance.

Internal treatment.—Bell., Aconite, Iodine, Canth., and Cannabis s.

Subnitrate of bismuth, Oxide of zinc, Ammoniated mercury, Subacetate of lead, and Borax ointment are used with great success when the granulations on the erosed surface of the laceration have an unhealthy appearance, and also against the

aphthous condition often found upon the surface of the cervix and vaginal walls. The internal treatment for these cases should be: Arsenicum, Sulph. acid, Mur. acid, Nit. acid, Bismuth, Borax, Merc. iod., Merc. cor., and Zinc.

If a leucorrhœal discharge is present, associated with an unwholesome odor, and a gonorrhœal taint is suspected, the vagina should be washed with warm water acidulated with carbolic acid, after which an ointment of Subnitrate of bismuth, or Oxide of zinc, should be applied by means of a tampon, and allowed to remain for a couple of days. Internal treatment,—Kreosotum, Sulphur, Thuja, Secale, Puls., Borax, Canth., Zinc., and Cannabis s. An ointment of Stramonium, I find, is useful to relieve the extreme sensitiveness frequently felt in the vaginal walls. The same remedy is given internally.

When a lacerated surface bleeds freely from a slight provocation, an application of Monsel's salt (Persul. of iron) will check the bleeding promptly and promote a healing influence.

I use tampons made of absorbent cotton, and make them large enough to fill the entire cavity of the vagina. By making them large the womb is supported, which is very necessary in the treatment of a laceration.

If a retroversion is associated with the laceration, a pessary should be applied as soon as all sensitiveness, from touch, of the womb and surrounding parts has disappeared. The pessary I use, and which I consider the best, is the Fowler pessary. Until the pessary can be used great good is accomplished through the use of the cotton tampon. I never use cauteries.

By carefully following the treatment just given, we will be able, most positively, to cure many bad cases of laceration, with also the permanent removal of the reflex constitutional symptoms. We will find that the enlarged cervix and the ectropion of the lacerated surfaces will gradually disappear, leaving a healthy and natural-looking cervix.

CURATIVE TREATMENT OF LACERATIONS OF THE CERVIX BY OPERATION.

BY B. F. BETTS, M.D.

We are justified in the effort to cure the effects of a laceration of the cervix with medicines by the results of such attempts in the past, but when patients are willing to submit to the operation we find it desirable to adopt this method for the following reasons:

1. It promises more speedy results in favorable cases.

2. It often affords permanent relief, whilst the medical treatment is apt to be followed by relapses.

3. It restores the integrity of the cervical canal so that miscarriages are less liable to occur or sterility result.

4. It prevents the recurrence of those complications which have followed previous parturitions from an extension of the tear at each subsequent parturition.

5. It cures persistent menorrhagia and leucorrhœa more promptly than any other method.

6. It obviates the danger of the lacerated part becoming the seat of cancerous infiltration when the family history points to such a tendency.

Against the operation we have suggested the following objections:

1. The patient must remain in bed two weeks, and in her room a week longer or three weeks in all.

2. Union may not be effected by the operation.

3. The backache, constipation, and general nervousness may not be benefited to any great extent by the operation.

4. Medical treatment will be required in such cases in addition to the surgical treatment.

These objections are overcome by the following conclusions, viz.:

The patient even under medical treatment could best be treated by being made to assume the recumbent position for two or three weeks. Lack of union is so rare as to be but a slight objection to operative measures. The backache, etc., persisting after the operation, arises from lack of medical treatment by homœopathic medicines before and after the operation, which will always be necessary if complications are present sufficient to induce them.

An operation is always contraindicated when there is unmistakable evidence of present or remote attacks of pelvic inflammation.

The preparatory treatment consists in the removal by the curette or forceps of all polypoid or fungous masses attached to the cervical mucous membrane, and the liberation of the imprisoned contents of the glands of the everted cervical lips by puncture.

A copious injection of hot water should be thrown into the vagina the day before, and upon the morning of the operation. The rectum and bladder should be emptied previous to the operation.

The operator will require three assistants if anæsthetics are

used, but these have been dispensed with in some cases, as the cervical tissue is not sensitive and the operation can be borne in some cases without it.

Sims's speculum will be required to expose the lacerated cervix unless the uterus is low, when the parts may be drawn into the vulva with the patient in the dorsal position.

The first step in the operation consists in locating the cervical canal, and securing ourselves against freshening that part of the surfaces exposed to view which should constitute the new canal. This can only be done satisfactorily by passing the uterine sound into the cavity of the uterus and approximating the torn surfaces about it, when if it is held in the proper position it will locate the canal.

The next step consists in passing a needle through both lips of the tear, at a point corresponding to the cervical opening, threaded with a stout wire ligature at least two feet long; by this we gain complete control over the cervix. If the wire that spans the cleft is worked up, we make two loops, one through the anterior lip and the other through the posterior, and by pulling upon these loops in an opposite direction the lacerated surfaces are separated so as to be more readily vivified.

The vivifying is effected by means of curved scissors or the knife, and after it is completed to the fullest extent without disturbing the points to be left intact to constitute the cervical canal, sutures are introduced by means of round, short, and strong needles threaded with silver wire, and the parts drawn together and kept in apposition by shotting the sutures. If bleeding is profuse during the vivification, hot water applied by means of a sponge may often be employed to stop it. If this proves insufficient, the loops can be dropped and traction made upon the two ends of the first and largest suture introduced, so that the vivified surfaces are approximated, when the hæmorrhage ceases. If this long suture is required it can be left in position and shotted as the others, and cut so as to protrude into the vaginal canal to be used to pull the cervix into view when the sutures are to be removed, which can usually be effected in from 7 to 9 days after the operation.

Diet and Drugs in Lactation.—We must look to diet for improvement in milk-secreting power, both as to quantity and quality. The heat-forming elements may be increased by administration of fats, the salts of milk by medicines. The only approach to a true galactagogue is Jaborandi. Drugs intended to act on the gland must first enter the blood.—*Practitioner.*

POSITION DURING DEFECATION.

BY J. S. SKEELS, M.D., ALBION, PA.

MAN, by his formation, is liable to inguinal hernia. He should, therefore, take the sitting or *squatting* position during the act of defecation.

Such an attitude changes the relative position of the pelvic bones to the front of the abdomen, raising the ilio-pubic bones up, and this, with the thigh bent on the abdomen, gives support to the inguinal ring.

In soreness, with slight hernial protrusion, this support will cure many cases and greatly facilitate the cure of others.

In prolapsus recti, when the bowel requires to be replaced, the patient, after defecation, should rise to his feet, and then bend the body forwards, lowering the shoulders as much as possible. In this position the bowels are replaced by their own weight. The same directions apply when hæmorrhoidal tumors exist, whether alone or in conjunction with prolapsed rectum.

This simple advice followed will greatly facilitate the treatment of a necessarily common and troublesome affection.

A CASE OF CARBUNCLE.

BY S. SWAN, M.D., NEW YORK.

DR. D——, when two days at sea on his return voyage from Liverpool, was attacked with carbuncle of the hand. Remedies failing to relieve the agonizing pain, he submitted to lancing. But the relief was only transient and slight.

Upon reaching New York, he called at my office. I found nearly the entire palm invaded, swollen, with proud flesh, and but slight discharge. The pains were intolerable, burning. He also had the arsenic thirst, so I was led to give this remedy in the c. m. m. (Swan) potency, one dose, dry on the tongue. An immediate aggravation followed, which was succeeded in a half hour by entire relief of the pain.

He took no more medicine, and in a few weeks no evidence of the carbuncle remained.

NOTE.—We publish the above case because two arsenic symptoms disappeared after the exhibition of that drug. Swan's potencies have been assailed as incorrect in scale, and useless in practice. Of the validity of the first objection we feel assured. The truth or falsity of the second can only be proved by experience. This seems like an admissible case; but since no

description is given of the progress of the carbuncle after the remedy, we cannot judge as impartially and as satisfactorily as we should like to.—EDITORS.

Miscellaneous Contributions.

EXPERIENCE WITH HOMŒOPATHY.

BY IDE STETTIN, M.D.

(Translated from the Berliner Allgemeine Medicinische Central Zeitung, by S. Lilienthal, M.D.)

"I am neither allopath nor homœopath; I am satisfied to call myself a physician."—IMBERT GURBEYRE.

I DO not attempt to engage in the present hot discussion as to the merits of homœopathy,—a discussion which can never be decided *a priori*. Such a procedure verifies the old adage, "Invidia medicorum pessima." I wish only to let fair and precise experience speak. This alone is conclusive on the subject. I wish to show from the daily practice of a non-homœopathic physician that the Hahnemannian aphorism, "similia similibus curantur," is really of high therapeutic worth, and if indeed, not a therapeutic *law*, is at least a valuable guide. I wish also to show that small and very small doses work cures. Such candor on my part may appear at this time critical and dangerous, but I hold it to be my duty to acknowledge openly what I know to be the truth.

It was no culpable inquisitiveness that led me to stretch out my hand for the forbidden fruit. It was necessity, it was the desire to aid my patients in cases which the methods and experiences of the school had left in the lurch; cases, too, which have not been exceptional, but which other physicians also fail to cure. I believe that such a situation excuses the practical physician for "salus ægroti suprema lex."

Has it not happened to me—and I know that many colleagues have had the same experience—that patients treated by us for a longer or shorter period without benefit, have been restored to health, and sometimes very rapidly, by homœopathic treatment? It is, indeed, nonsense to attempt a justification by claiming the cure to be effected by proper diet, nature, etc. The public do not believe it and simply ask, why we did not use the same effective means? I consider it dishonest, and the public look upon it as an evidence of bitter envy, when we sneer at homœopathic cures.

"There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy," and what appears to us incomprehensible and amazing need not, therefore, be false.

It would be more honorable to admit our ignorance of this therapeutic method, and to study not alone the doctrine of homœopathy, but also with all faithfulness and earnestness its Materia Medica, and to prove its value and truth as asserted by so large a number of physicians.

This was my motive in writing this article and in giving the following list of cases, and I can promise any non-prejudiced colleague that he may be in a position to aid his patients more than heretofore, as well as to confer on himself much peace and satisfaction:

1. *Arsenic and Diarrhœa.*—That Arsenic in small doses causes vomiting and diarrhœa, which are not seldom bloody and watery, also great prostration, can be read in any book on Materia Medica.

Kurt Bl., æt. five months, was brought to me, suffering with entero-colitis. He vomited occasionally; his passages were frequent, watery, with streaks of blood, and discharged as if shot out of a pistol; moaning, tenesmus, and great prostration. My first prescription failed to relieve. I then prescribed solut. Ars. Fowleri guttas duas ad 75 grams aqu., a teaspoonful every two to three hours. The next day the number of passages diminished, and were less watery, with no signs of blood. Instead of this, however, there was œdema of the face, particularly of the lower eyelids, which the mother correctly ascribed to the effects of the medicine. I therefore administered the remedy at longer intervals and in smaller quantities. In three or four days the intestinal secretion was entirely arrested, but the œdema of the face still remained, and to this was added reddening of the edges of the lids.

These symptoms are found so frequently to be caused by Arsenic, that I can safely claim that the Arsenic acted. And this was due to two drops of Fowler's solution divided over a period of five days.

2. *Arsenic and Abscesses.*—That Arsenic from long-continued application acts injuriously upon the skin, producing even deep ulcerations, that the pains are mostly of a burning character with nightly aggravations, may be found not only in the so-called Materia Medica pura, but also in the textbooks of the school. The frequent exhibition of Arsenic in chronic exanthemata is therefore homœopathic (homœopathia involuntaria). Still more striking is its action in peculiar obstinate

ulcers of the feet, with great destruction, puffed callous edges, with hard infiltration of the surrounding parts and accompanied by severe burning pains, robbing the patients of sleep and driving them from bed.

I succeeded in curing an ulcer of the lower limb in an old decrepit woman, who had been troubled with it for years. I prescribed solut. Fowleri guttas tres ad 100 grams aqu., a teaspoonful 3 times a day, in connection with the external use of Ol. carbolicum.

The pains subsided at once, and the woman was able to sleep the first night after the medicine was taken.

3. It is well known that the *Antimonial* preparations, and especially Tart. stibiatus, promote secretion from the respiratory mucous membrane and also from the skin.

This fact enabled me to cure one of my patients homœopathically, who was suffering with emphysema and chronic bronchial catarrh, and who every fall and spring had feverish exacerbations of his catarrh, accompanied by profuse expectoration and drenching sweat. Tart. stib. cured the exacerbations in four or five days, though the chronic disease remained. I prescribed Tart. stib. 0.01 ad 200 grams aqu., 1 teaspoonful every three hours. Formerly it took me weeks to accomplish the same result.

4. *Calcium sulfuratum, Hepar calcis,* is but little used by our school, and Bernatzik (Eulenburg's *Real Encyclopadie,* vol. ii) does not even mention it. And still I should not like to do without this remedy, which is prized so highly and so frequently used by the homœopath. It is therefore no little satisfaction to me to find that Sidney Ringer, in his handbook of Therapeutics, warmly recommends it: 1. In ulcerations with unhealthy pus; 2. Inflammations which threaten to end in suppuration, as its exhibition prevents its arriving at that stage; 3. In already formed abscesses, as blood boils and carbuncles, as it hastens the formation of pus, the opening of the abscess, and lessens the inflammation; 4. In indolent cellular tissue abscesses of scrofulous children; 5. In scrofulous disease of the bones and in scrofula generally. Now, all these indications and many others no less valuable, homœopathy—Sidney Ringer is no homœopath—had given us long before Ringer.

The similarity between Sidney Ringer and homœopathy becomes still greater when we read that the former employs extremely small doses, in reality homœopathic doses, namely, 0.003–0.006 with 0.12 sugar of milk, which is equivalent to

the 3d–4th trituration of the homœopaths, and the one most frequently used by them. I can confirm the experiences of Sidney Ringer, and as such an authority gives evidence, although involuntarily, for homœopathy, it will not be necessary for me to detail special cases from practice.

5. *Arnica* is a well-known drug, but is used less by physicians than by the laity; still for all that, it fully deserves its names of "Fallkraut," "Blutblume," "Wohlverleih."

Among other things, I wish to call attention to its beneficial action in contusions from falls, and in hæmorrhages of all kinds. It makes the use of ice superfluous, being superior to it in its working, aside from its easier and pleasanter application.

Particularly striking for me was a case of contusion of the thigh. The accident had happened eighteen days previous, and cups, cold effusion, and inunctions had been used without any benefit.

The external thigh was considerably swollen, fluctuated on palpation, and several loose coagula could be recognized. The extravasated blood-mass was considerable, and the skin showed the usual discoloration. Most physicians would have considered an incision made with all antiseptic rules absolutely necessary. I, however, prescribed *Tinct. Arnica rad.* guttas sex ad 100 grams aqu., 1 teaspoonful, 4 times a day, and had the satisfaction to achieve the desired effect in a few days.

For, when the patient called upon me again ten days later, it was not on account of his contusion, but for a cut on his finger. He had been working for several days. The thigh showed only a slight swelling, which did not fluctuate any more, and between the upper and middle third of the vastus ext. muscle one could distinguish a hardness, in all probability the site where he had been struck.

I achieved a no less happy and rapid result by the internal and external exhibition of *Arnica* in a severe subluxation of the knee, with considerable swelling and effusion in the joint.

6. In this case I discovered the working of a remedy, the efficacy of which is denied by some. I mean *Silicea.*

The patient, who had believed himself cured, used his limb too soon and too severely, produced again pain and lameness, and the examining hand could feel a widespread crepitation in the fibrous portions of the knee-joint. A three-days' use of Silicea, 3d trit., 0.05 gram, 3 times a day, allayed all the symptoms.

That the working of *Silicea* here was not accidental is proved by another case.

Two years ago a student bruised his right elbow-joint. A year ago he fell upon the same, and since then has suffered from pain, stiffness, and lameness, with slight swelling of the surrounding parts. Still later the joint was overexerted in fencing, and when I saw it, fourteen days afterwards, it was greatly swollen ; the arm could neither be fully flexed nor extended, and I could feel considerable crepitation at the inner edge of the condyle. I prescribed *Silicea*, 3d trit., 3 times daily. Several days later, the patient presented himself feeling greatly improved, and four days afterwards the joint was perfectly normal.

7. *Cantharides* produces inflammation of the bladder, dysuria, and bloody urine. One will therefore never go amiss in prescribing it in small doses for such ailments.

On the 6th of June a patient came to me who was troubled with cystitis, hæmaturia, and the other well-known symptoms as sequelæ of a gonorrhœa. I prescribed *Tinct. Cantharides* guttas tres ad 200 grams aqu., 1 teaspoonful, every 3 hours. The bleeding and pains ceased the same day; on the 8th of June, the urine was still cloudy, but on the 12th every sign of bladder trouble had vanished.

N. B.—Our readers, in commenting on the above paper, kindly furnished us by Dr. Lilienthal, should remember that it is from an orthodox allopathic journal.

Such an innovation speaks well for medical freedom in Berlin. The only difference between there and here, however, is that such cures, though of daily occurrence here are forbidden journalistic recognition or are withheld because many regulars are afraid of being ostracized.—Eds.

IMPROVED VENTILATION OF DWELLINGS.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA, PA.

Drs. John H. Hayward and Drysdale are the inventors of a draughtless system of ventilation, by which dwellings are perfectly ventilated by costless self-acting power through the medium of warmed air. We were much interested in it, and had the pleasure of examining carefully their model at the International Medical and Sanitary Exhibition at South Kensington Museum, in August last, and for which a certificate of merit was awarded. In explanation of the model, the following points were brought out:

"The kitchen smoke-flue (by its waste heat) is constantly

sucking the foul air out of the whole house. The suction is made to act on every room at the same time and equally, by the interposition of a (foul air) chamber under the roof. Warmed fresh air is supplied to every room equally, and as fast as the foul air is drawn out. The incoming fresh air is conducted to the warming-chamber from above the roof down the corners of the central lobby. The fresh warmed air is conducted into the rooms to the side opposite the fireplace. The foul air is sucked out of the rooms on the side opposite that where it enters. The chamber under the roof of the central lobby is utilized as a foul-air chamber, into which the flue from every room enters separately, and from which one flue conducts the foul air down to and behind the kitchen firegrate. The basement of the central lobby is utilized as a chamber where the fresh air can be warmed, cooled, moistened, disinfected, fumigated, perfumed, etc., before passing through the house. All going on day and night all the year round, without special cost."

It works admirably in the model, and having slept in Dr. Hayward's own fine residence where it is in full operation, I can speak advisedly of the merit of the system and its details.

THE TIME OF TRIAL.

BY H. W. TAYLOR, M.D.

Within the next decade in all human probability, the various doctrines and practices now grouped under the title homœopathy will be put upon trial in a new and strange fashion. What is most strange in this humdrum world of disappointed hopes, is that this new form of trial is just the one that homœopathy has in every day of all the years of a century, in public and in private, begged or demanded. It is that form of trial in which abstract science sits in judgment upon the point of law and the pleadings. It is that form of trial in which both parties to the cause are entitled to be confronted by the witnesses, so that by examination direct, and by cross-examination, the whole truth may be elicited whereby the jury —the whole world, professional and lay—may be enabled to decide according to the law and the evidence. This day of trial will be set so soon as Regular Medicine shall officially recognize the right and duty of its practitioners to hold consultations upon the treatment of the sick with practitioners of homœopathy.

It is of small moment that Regular Medicine has held aloof from this trial all these long years. It is no evidence of the superiority of homœopathy that allopathy has hitherto persistently refused to meet her in competitive trial of skill at the bedside. I mention this, because there are some who, like the Greek champion that defied the lightning, imagine that the lightning would have accepted the challenge, had it not been sore afraid of the result of the combat. Like the lightning, Regular Medicine has hugged itself in its high clouds of exclusivism unheedful of the boast of the pigmy at its feet; and so would have remained till the crack of doom had not the mightiest and most dreaded of all known powers assumed a certain championship of the stripling challenger. The people, then, have in their municipalities and in their legislative halls declared in words, whose terse Saxon would permit no quibble, that the practice of homœopathy was entitled to the trial by arms upon its own challenge. True, that in this sunset time of chivalry, there was no power to compel the challenged party to the lists. Regular Medicine could not be driven to take wards and beds in the same hospital with homœopathy. And so they took advantage of their privilege of refusal. But the mighty voice of the people said: "If you will not take places in my hospitals along with this new school of therapeutics, you are at liberty to remain on the outside, and the new school can take all of these hospitals for her own." And Regular Medicine gave her consent by keeping silence.

"Wait," she said to her followers, "let these pretenders try, and we shall see them fail. The people shall see them fail. This trial will be their overthrow. This seeming triumph will lead to their sure and quick defeat."

And behold! time proved that Regular Medicine was, as of old, a false prophet. The new school did not fail. Stricken men came and went in the hospitals as of yore; died or got well as of yore,—save that more got well and fewer died. And the hoary face of Regular Medicine grew long.

"It must be that having all the internal machinery of these hospitals in her own youthful hands, this plebeian jade of a day falsifies the returns. This large percentage of cures is the result of mistakes or misrepresentations in diagnosis. I must make personal supervision of her work. I must confirm or reject her diagnoses. But how? If this be done in hospitals, and, by the captains, will not the privates in my army cry out for the loaves and fishes, the plunder of the stormed city, the fees that wait upon consultation?"

And so it comes about that Regular Medicine has, even now, fully concluded to take up the lance and mace; and even now only waits the slow and methodical unwinding of the red tape that lashes the herald's bugle to his side.

Does any romantic and poetic enthusiast in our ranks see, in this altered attitude of Regular Medicine, evidence of a change of heart? Does he see in the mind's eye this gray-beard seeker among the ancient ruins of Therapia turning but now to cut and delve among the young groves of homœopathy simply for the truth's sake? Let him wipe the film from his eyes, for, if he see not as through a glass darkly, he will behold the cynical old man with a cunning leer in his eyes, and the scornful smile of the medical unbeliever on his lips, coming stealthily to discover and proclaim the cheat which he is so sure is there to be discovered and proclaimed. No. The regular comes not to learn the virtues of homœopathy. He comes to learn her faults and foibles. He comes to lay bare her weakness. As the general studies diligently the topography of the country he intends to lay waste, so Regular Medicine approaches us that he may learn how to pursue us into our very fastnesses. Shall he fall and be humbled as was Saul of Tarsus? Shall the heavenly flame of true homœopathy—Hahnemann's homœopathy—strike him blind and cause the scales of unbelief to fall from his eyes?—those scales that have been growing there through thirty centuries? If he journey with the true followers of the true Christ, *yes*. If he travel with the Judas, *no*.

That homœopathy as practiced or preached is full of faults, all homœopathists admit and proclaim. Just where the fault lies seems now to be a question between two parties. One, small in numbers, but agile of tongue and full of a blatant boastfulness. The other comprising ninety-nine of every hundred American homœopaths,—the great mass of her active practitioners. The men who have convinced State legislatures that homœopathy is entitled to a *pro rata* of eleemosynary appropriations for the education of the doctor and the care of the sick,—as have the A. I. Sawyers of Michigan. The men who have driven learned allopathists to confess learning, ability, and scientific attainments in our ranks as have the J. P. Dakes, the J. Edwards Smiths, the S. A. Joneses, and many more of lesser note who have in fair competitive practice with the propounders and expounders of that heterogeneity yclept Regular Medicine, compelled a tacit acknowledgment of an equal success with themselves.

The first of these parties has furnished food for the consuming laughter and unbounded derision of Regular Medicine. The last mentioned of these parties has driven Regular Medicine to the point of crying a truce,—however hollow the purpose of that truce on *his* part. The first party has hampered the march of homœopathy with a vast impedimentum of wild fancies, supposititious facts and necromantic lucubrations. The last party has ever struggled to separate the wheat from the chaff of homœopathic Materia Medica and Therapeutics. The first party, aping the unprincipled cunning of Egyptian priestcraft, have loudly proclaimed themselves the sole expounders of the dogmas of our school, clothed in authority by the aid of a superhuman intelligence. The last party, until of late, have borne patiently these onerous burdens,—have moulded the bricks of truth even without the straw of sound teaching. But the day of their deliverance has fully come. The weak yoke of the dynamist has been thrown to the uttermost ends of the earth. His priestly robe has been torn from his shoulders, and its frayed tatters scattered to the four winds of heaven. Shorn of his self-assumed official trappings, he stands confessed a weak and vacillating mortal.

And yet by the virtue of that generosity which is ever a property of the strong and brave, the dynamist is suffered to hold a place in the ranks of the homœopathic legion. He is still permitted to answer at the roll-call. He is yet charged with the duty of mounting guard over the entrenched camp. But is it the part of the sagacious commander to intrust him with posts of danger in the coming trial by arms? Can American homœopaths afford to jeopardize their cause by permitting themselves to be judged, in any degree or case, by the results of a competitive trial between the dynamist and the modern allopathist? Can American homœopaths allow the dynamist to make the test of the power of drugs to produce symptoms which they are known to cure?

Haply we have the official answer to these questions in the results of the Milwaukee test. Those results show adversely for the dynamist in the overwhelming ratio of millions to one! Clearly we cannot trust any part of our case to those who have made such an appalling record of failure.

But on the other hand those who represent five thousand nine hundred and forty of the six thousand American homœopaths, have also made an official record of their ability to demonstrate the very basic principle of Hahnemann's law,—the power of drugs to produce symptoms peculiar to themselves,

when taken into the human organism. And they have demonstrated this power of the Hahnemannian triturations and dilutions in the overwhelming ratio of ——— to one.

In the face of these facts is it not clear that we must re-enact the ruling of Hahnemann that drug attenuation must not go beyond the "X Verdünnung;" the *decillionth potency;* the TENTH CENTESIMAL TRITURATION? It is also clear that cures should not be accepted as having been made after the method of Hahnemann unless they be made by remedies within this limit of trituration

Working under such a rule of action, homœopathy has nothing to fear from the skeptical scrutiny of Regular Medicine at the bedside, in house, or in hospital.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meeting was held at the Hahnemann Medical College, on Thursday evening, February 9th, 1882, Dr. H. Noah Martin presiding.

Dr. Hoopes, of Downingtown, and Dr. Way, of West Chester, were present and invited to the platform to participate in the discussions.

The Committee of Conference on Blockley Hospital made the following report:

"In accordance with the recommendation of the Grand Jury, contained in their presentment in May last, that homœopathic physicians should be included in the medical and surgical appointments made to the Blockley Hospital, your committee petitioned the Guardians of the Poor, on behalf of the homœopathic physicians of this city, to that effect, and at an interview your committee had with the Hospital Committee, the latter expressed a willingness to entertain any feasible plan we might submit which would accomplish that object.

"After a thorough inspection of the grounds and buildings within the Almshouse walls, your committee find that the building upon the north side of the inclosure is occupied as follows, viz.:

"The west wing is set apart for the accommodation of women, most of whom are incapacitated for work by the infirmities of age. This portion of the building is known as the Women's Out-wards. The central portion of the building accommodates the matron and the resident physicians of the hospital. The east wing of the building is known as the Lying-in Department, and is nearest the General Hospital, which occupies the building on the east side of the inclosure. The building on the south side of the inclosure is known as the Men's Out-wards. The Insane Department is located within a separate inclosure to the west of these buildings. The Children's Hospital is at one end of the General Hospital.

"Outside the Almshouse wall certain wooden pavilions were erected

several years ago, which now serve as a very inadequate shelter for a number of patients suffering from nervous affections.

"There are two classes of patients in the hospital department which appeal very strongly to our sympathies—the children and the lying-in cases, both of which are entitled to better care than the ordinary paupers; yet the presentment of the Grand Jury for last month states that 'the children's department is without proper care; children of five or six years of age are reported to have been allowed to go out without proper and sufficient clothing to protect them from the cold;' and they recommend that 'authority be given to separate the children's department from the Almshouse proper and place it under the control of institutions that have offered to accept the responsibilities and whose care for the unfortunate is well known,' a recommendation your committee heartily indorses.

"Those inmates of the obstetrical wards who do not belong to the pauper class, but are temporarily thrown upon the charity of the city because of incapacity for work or inability to procure it on account of their condition, deserve the tenderest care and best treatment during the trying ordeal of childbirth, but we find the room in which these persons are confined inadequately lighted and ventilated, as well as cheerless in the extreme. The wards, into which they are conveyed afterwards, are not suitable for such cases, and the baneful influences which surround them account in a great measure for the appalling mortality amongst the young infants and children. We were informed that each year an epidemic of childbed fever breaks out and carries numerous victims to the Potter's field.

"We therefore feel bound to protest against the practice of keeping such cases shut up in the general wards of a close and imperfectly constructed building at such a time. It is well known that there is a strong feeling against large permanent structures for hospital purposes, as they soon become contaminated by the sick and diseased inmates constantly present within their walls, so that they are rendered unfit for use, and no fact is more conclusively proven than that the lying-in department of a general hospital should be isolated from the general medical and surgical departments, and that comfortable, well-ventilated, but cheap and temporary structures, are best suited for the purposes of sheltering and treating obstetrical cases.

"We therefore offer the following suggestions:

"1st. That the lying-in cases should be treated in suitable apartments on the property outside the Almshouse walls now occupied by the pavilions used to accommodate patients suffering from nervous diseases, and that the latter class of patients should be distributed in suitable wards in the general hospital building.

"2d. That the children's hospital should be removed from the Almshouse, and that building set apart for the use of the resident physicians and other officers in charge of the hospital department adjoining, and for such other hospital uses as may seem most expedient.

"3d. That the building now used as the Lying-in Department shall be used for the reception and treatment of medical and surgical cases, according to the homœopathic system of practice, and be in charge of a properly constituted medical and surgical staff, with resident physicians and nurses under their exclusive control.

"Your committee, in offering these suggestions, believe they are perfectly feasible, and have no doubt but that the changes contemplated will redound to the honor of the city, and that they can be effected without much expense. They are certainly of paramount importance to those who are in need of the temporary aid she affords until the time comes when they can provide for themselves, and, perhaps, become valuable members of the community. If these much-needed changes are effected, we shall have accorded us an unquestionable right to treat medical and surgical cases in accordance with the homœopathic system of practice, as petitioned for by a large proportion

of our most influential citizens, irrespective of medical opinion, whilst at the same time the privileges of the present medical and surgical staff of the hospital are undisturbed.

"The objection advanced by the Hospital Committee in their report of our interview with them, that the physicians of the rival schools would not work in harmony, does not apply to us. We have full faith in the honor and professional character of the homœopathic school of practice, for we know of no instance in which any one of our members has refused to work harmoniously with the other school when the opportunity was afforded, and we can see no reason upon this ground why our opponents should be accorded privileges that are denied to us. On the other hand, we are of the opinion that a proper rivalry between the two systems will increase the efficiency of both; but it is evident that our opponents do not court such a display of valor, for when they were invited to be present with and discuss our application before the Hospital Committee, not a member responded to or noticed in any way the invitation.

"Since the labors of your committee began the authorities in charge of the Cook County Municipal Hospital, of Chicago, have granted the petition of the homœopathists of that city for representation on the medical and surgical staff by a unanimous vote, and one-half of the hospital building has been placed under their supervision and care. In most other cities justice has been accorded the patrons of homœopathy, and we trust Philadelphia will not be long in following in their footsteps.

"Your committee were pleased with the kind feeling manifested by the Hospital Committee at our meeting, and have had every facility afforded them for visiting the hospital buildings and grounds, and have only to complain of the negligence of the hospital warden in not furnishing us the statistical evidence of the mortality from puerperal diseases in the hospital. It is our desire that the County Medical Society should consider these suggestions, and if they adopt them, direct them to be forwarded to the Board of Guardians of the Poor, and in the event of the failure of our petition, we will solicit the co-operation of the press and public in its behalf."

J. K. Lee, M.D., A. R. Thomas, M.D., William B. Trites, M.D., B. F. Betts, M.D., P. Dudley, M.D., B. W. James, M.D., *Committee.*

Dr. C. Mohr moved that the report be accepted, and the suggestions adopted. Agreed to unanimously.

The Committee of Conference, as at present constituted, then asked to be discharged, and it was so ordered. A new committee, styled The Committee on Blockley Hospital, was then appointed, consisting of Drs. John K. Lee, A. R. Thomas, W. B. Trites, B. F. Betts, and P. Dudley.

The following Bureau announcements were made: Dr. E. A. Farrington, Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, designated his associates to be Drs. A. Korndœrfer, J. C. Guernsey, E. Fornias, and J. W. Crumbaugh. Dr. C. R. Norton, Chairman of the Bureau of Clinical Medicine, Diagnosis, General and Special Therapeutics, reported that the subjects to be presented for discussion at the March meeting would be,—"The Diagnosis of the Early Stages of Locomotor Ataxy," by C. Bartlett, M.D.; "Clinical Cases

of Periostitis," by W. K. Ingersoll, M.D.; "Sciatica," by J. O. H. Banks, M.D., and C. R. Norton, M.D.

The following gentlemen applied for membership: Drs. W. H. Tomlinson, John V. Allen, and G. W. Marter. Referred.

Dr. John K. Lee offered the following resolution:

"*Whereas*, It is both prejudicial to public health and offensive to refined taste to permit the sale of undressed poultry; therefore,

"*Resolved*, That city councils be urgently requested to pass an ordinance to make it a penal offence to offer killed poultry for sale without being 'drawn' or cleaned."

Drs. Farrington, Morgan, and Mohr spoke in favor of the resolution, and it was agreed to without dissent.

The report of the Bureau of Obstetrics and Gynæcology was next in order, and Dr. B. F. Betts, *Chairman*, presented the following papers on the subject of "Lacerations of the Cervix Uteri:" "The Etiology of the Lacerations of the Cervix," by R. J. McClatchey, M.D.; "Preventive Treatment," by E. A. Farrington, M.D.; "Effects on the Health of Females," by B. F. Betts, M.D.; "Diagnosis and Complications," by I. G. Smedley, M.D.; "Treatment of Lacerations without Operation," by R. C. Allen, M.D.; "Curative Treatment by Operation," by B. F. Betts, M.D.

A discussion of considerable interest ensued, at the close of which the Chair appointed Dr. R. C. Allen Chairman of the Bureau of Obstetrics and Gynæcology for the ensuing year. Adjourned.

AMERICAN HOMŒOPATHIC PUBLISHING SOCIETY.

REPORTED BY C. MOHR, M.D., SECRETARY.

THE annual meeting of the stockholders was held December 27th, 1881, seventy-five shares of stock being represented. Dr. C. B. Knerr presided.

The secretary of the retiring board of directors submitted the following annual report, which was accepted and ordered to be printed:

"TO THE STOCKHOLDERS: Since the last annual report to the stockholders, the society has placed on the market Volume III of Hering's *Guiding Symptoms*, edited by Drs. C. G. Raue, C. B. Knerr, and C. Mohr. The volume has been favorably received, and a large sale of this volume, as well as of the former two, issued whilst the author still lived, is confidently anticipated.

"A second edition of Hering's *Analytical Repertory of the Symptoms of the Mind* being called for, a contract was entered into with Mrs. Therese Hering, widow of the late author, whereby the society became publisher of this valuable book, and it is now being supplied to the stockholders at the rate of $2 per copy. Its value has been increased by the addition of all the notes

left by its venerable author in an interleaved copy, as well as by a newly-prepared and copious index. The new edition should meet with a large sale.

"Negotiations are on foot with other authors for the publication of valuable books, but as yet no definite contract has been made. Greater interest on the part of the homœopathic profession, whereby stock will be more freely subscribed for, will enable the society to further its cause, viz.: 'to give to the profession and the public thoroughly sound and reliable (homœopathic) works, and to its members the material advantage of obtaining medical books at the actual cost of production.' Up to the present time the success of the society in its efforts to publish Dr. Hering's great life work, for the benefit of the homœopathic fraternity, has devolved upon 152 members of a profession numbering upwards of 6000. The former is the number of *individual* stockholders, and to them belongs the credit of having sustained the enterprise thus far. Now that Volume III of the *Guiding Symptoms* has appeared, may we not hope that physicians will early become stockholders, if for no other purpose than to complete the work of Dr. Hering?

"The treasurer's report, hereto appended, will give the items of receipts and expenditures in detail, and best show the financial status of the society.

"For the board,

(Signed), "C. Mohr, M.D., Secretary."

The treasurer's report showed in detail the receipt of $867.15, and the expenditure of $349.47; balance on hand, $517.68.

The reports were accepted, and the treasurer's accounts duly audited.

The annual election for a board of directors resulted in the choice of Drs. A. R. Thomas, W. C. Goodno, C. Mohr, B. F. Betts, M. M. Walker, C. B. Knerr, and C. R. Norton.

Adjourned.

Addendum: The board of directors have decided to sell a limited number of copies of volumes 1, 2, and 3, *Guiding Symptoms*, at the stockholders' rates to those who may subscribe to stock prior to April 1st, 1882. After that date the three volumes can only be bought at the full prices, the society privileges being allowed only on books appearing after date of stock certificate.

Heredity of Dialect in Deaf Mutes.—In a recent issue of *Nature*, Prof. Graham Bell refers to the statements attributing heredity of dialect to deaf mutes who have been taught to speak, and says that during the past few years he has examined the pronunciation of at least four hundred deaf mutes who have been taught to speak. He adds that it is true that in a few cases dialectic pronunciations are heard, but it always turns out upon investigation that such children could talk before they became deaf.—*Phila. Med. Times.*

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., March, 1882. No. 3.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE LION AND THE LAMB.—Whatever doubt may have existed respecting the desire of the allopathic lion to secure peace and harmony by swallowing the homœopathic lamb, must surely have been dispelled by the events of the past few months. A mighty revolution is shaking the defences of professional intolerance to their foundations, and the whole superstructure, which only one brief year ago seemed well-nigh impregnable, is to-day tottering to its fall. The apparent beginning of this revolution, beside the death-bed of the late Lord Beaconsfield; the stimulus it received in the addresses of Drs. Bristowe and Hutchinson; the conquests it has achieved in the Royal College of Physicians of England and in the State Medical Society of New York; the marked change in the tone of allopathic journals,—all these had their real origin in a gradual change of professional sentiment, which only awaited an opportunity to give itself open and peremptory expression. Looking at the history of medical ethics from the standpoint of the present, we can see how little cause for surprise there is at the sudden change in the attitude of allopathy. It would

have been a monstrous injustice to suppose that allopathic physicians were unanimous in the support of their infamous code of ethics. That phenomenal stupidity was the creation of a political majority only; it no more represented the sentiment of the more honest and progressive portion of the allopathic school than do the wiles of the machine politician represent the intelligence and honesty of the great party he professes to serve; and this being the case, there was really no reason why the overturning should not be sudden and complete, when once the integrity and the wisdom of the profession should be able to assert their divine, kingly prerogative. And thus it is. The processes whose completion was expected to require years and decades are being crowded into months and compressed into days, and momentous events are treading upon each other's heels in eager haste to repair the misdeeds of the past, and to wipe out, if that were possible, the foulest stain upon the page of medical history,—the professional bigotry of the nineteenth century.

Yet it would be a profound mistake to imagine that the men who place themselves in the forefront of the revolution are necessarily more wise, more liberal, or more honest than their fellows who are scarcely seen in the movement. The shrewd but unscrupulous politician always tries to be on the winning side. If we judge these would-be leaders by their actions—and we have no other method—it must be apparent that their jealousy of homœopathy is as venomous as ever. The system of Hahnemann was hated in its birth, hated in its weakness, hated in its growth, and it is hated now in its vigorous maturity,—and hated all the more because, after all the predictions of its failure, it has dared to succeed. But now that its strength renders it indifferent to the opinions and the treatment of its adversaries, a different method is necessary in dealing with the young giant. The Homœopathy of 1825, knocking timidly at the Eastern Portal of the Republic, poor, weak, friendless, helpless, was an object to be contemned. The Homœopathy of to-day, reaching out its resistless arms to the Golden Gate of the Pacific, strong, confident of the divinity of its mission, flushed with an undreamed-of success and hurrying forward to new victories and more magnificent achievements, is a power which cannot with safety be despised, and must therefore be conciliated.

It is not very likely that the homœopathic profession can be misled by the new tactics of its adversaries, or rather of those who are placing themselves at the head of the move-

ment. The opinions of these men respecting homœopathy are precisely what they were nine months ago, when they issued their impotent anathema against their professors who dared to lecture in the presence of homœopathic students. Besides, it is not a question of opinion, it is a matter of sentiment and of feeling. Many of these men know that homœopathy is a therapeutic truth; but they hate it none the less. Indeed, some of them appear to become more bitter against it in proportion as its truth and efficacy become more apparent. Will any of us be foolish enough to imagine that these people are becoming friendly to homœopathy, simply because they are yielding to the force of a public sentiment which they cannot and dare not longer resist? Is the Royal College of Physicians favorable to homœopathy when it votes to allow its members to practice that system, but forbids them to acknowledge their opinions openly? Is the New York State Allopathic Society becoming favorable to homœopathy when it votes to allow consultation with us, and bases its action on the statement of its president, that we have abandoned our principles? Considering the persistence and the energy with which a few industrious members of our own school have misrepresented us, we can scarcely be surprised to hear their falsehoods echoed from the other side; but how far may we trust a body of men who thus agree to consult with us, not because they hold our opinions, but because we profess one thing and practice another? The allopath who bases his friendship for a homœopath on the latter's want of good faith is himself a knave. And the homœopath who knowingly accepts such a friendship is both a knave and a fool. He not only acknowledges his rascality; he advertises it.

It is the old invitation of the spider to the fly,—"Will you walk into my parlor?" The new system, which always worsted its ancient rival in an argumentative appeal to reason, always substantiated its principles by the test of experiment, always scored a victory in a competitive trial of success, always throve under ridicule and grew vigorous under persecution, is now to be overcome, if possible, by diplomacy and chicanery. According to the English plan, the homœopathist is to drop his title and thus lose his identity. Then the allopath is to feel perfectly free to practice all the homœopathy he chooses, and thus to acquire the reputation for therapeutic skill and success which properly belongs to his quondam rival. The American plan is much like it, but with this addition, that the homœopath is to be branded, and if possible, induced to brand himself, as

a cheat and a scoundrel; that he is thus to be prevented from wresting any more hospitals and asylums, and any more public offices from his insatiate opponent; while on the other hand the allopath is to take possession of that small portion of the homœopathic Materia Medica which he has not yet stolen, and thus place himself upon a therapeutic equality with his hated competitor. It is a pretty little scheme, and if only the homœopath can be wheedled into it, will doubtless accomplish what the bolder and more honest methods have utterly failed to effect,—the overthrow of homœopathy as a special therapeutic system, the upbuilding of an incongruous system of mixed practice upon its ruins, and the setting back of medical science at least half a century.

The motive which actuates the revolution is not difficult to discover. The average allopath is not so densely ignorant but that he can learn the relation between cause and effect like other people. His knowledge of drug effects and of disease effects, crude though it may be, is not so exceedingly shallow but that he knows the law of similars to be true, just as well as we know it. He applies it every day in his practice, he sees its almost marvellous operation in the cure of disease, he reads the comparative statistics of the two schools, he beholds the system making inroads upon the old-school domain, he detects in his own textbooks multitudes of plagiarisms from homœopathic works, and, last of all, he subjects the principle of similars to the test of rational examination and finds it to be not only reasonable, but the *most* reasonable method of applying drugs to the treatment of disease which his mind is capable of conceiving. He believes in homœopathy because his common sense compels belief. But will he publicly avow his faith?

"Aye; there's the rub!" The question of belief may be easily settled, but the jealousy and the hate are not so easily put aside. Harder yet is it for the morally weak to confess fully and freely the faults and follies of a whole career. The prejudice against Hahnemann's teachings, intense as it has been, is scarcely so strong as the almost unutterable dislike of Hahnemann's name and person. Moreover, the allopathic profession has always denied the right of original research and discovery to everybody outside of its own charmed circle. Could they, at this moment, obliterate the world's remembrance of Hahnemann and his discovery, thousands upon thousands of them would hasten to rediscover homœopathy, and the second medical crusade would be preached almost before the ink

is dry upon this printed page. To them the honor of discovery is glorious; the humdrum acceptance of another's discovery is tame; the reception of a discovery made by one ridiculed and hated is so repugnant as to be well-nigh impossible; and the thought of establishing general medical practice upon the basis of homœopathy, even upon a physical demonstration of its truth and superior efficacy, is so utterly abhorrent to the allopathic profession that they are ready to adopt almost any plan rather than make public concessions to Hahnemann or to his present followers. *That* is a pill which, although it must be swallowed sooner or later, will require several layers of sugar coating to disguise its intense bitterness. The proposed abandonment of our homœopathic title is *one* coating, designed to render the dose more palatable; the false assertion that we now reject most of Hahnemann's teachings is another; the statement that our colleges *now* teach anatomy, chemistry, and pathology, implying that they formerly did not, is a third layer of sugar; the falsehood that our practice has changed in its essential character, and that it is no longer "based upon an exclusive dogma,"—as though a change in the practice constituted a change in the dogma too—is a fourth stratum of sweetening; and the poor allopath finds that the bitterness permeates the coatings one after another, that the pill has grown to be a bolus, and bids fair to choke the patient in his vain endeavor to get it down without making grimaces over it.

The proper attitude for the homœopathic profession to assume, under the changed and still changing circumstances, is a matter of vast and vital concern. The only safe course for us is that which will best subserve the interests of humanity, best promote the advancement of therapeutic science and art, best commend itself to posterity when the asperities of professional controversy shall have been forgotten. If we believe, as we profess to believe, that homœopathy furnishes the surest, the safest, and the quickest method of curing disease, we are morally, as well as professionally, bound to give our whole energies to its development and its promulgation, and this without the slightest regard to any position which allopathy has taken or may hereafter take. Arrogant as it may seem, we must consider ourselves "the profession," not in any pharisaical sense, but as the Heaven-appointed custodians of the highest and foremost truths of therapeutic science, whose sacred interests we dare not even neglect, much less sacrifice to the behests of a maudlin sentimentality. There never was a time in homœopathic history when watchfulness, and energy,

and unity on our part were so imperatively demanded as now. We must be on the alert lest our wily opponents wrest from us our present high vantage-ground, or betray us into inconsistencies which shall render us unworthy of further victories. We must extend and increase the number, the membership, and the efficiency of our organizations; we must secure more and better hospital experience; we must strengthen our colleges; we must encourage our literature, develop our fields of original research, and strengthen our individual influence in daily practice. Above all, *we must stand together as one man*, hold fast the trust committed to us by the Almighty Healer, and let no man take either Hahnemann's crown or ours. When all physicians recognize the fact that a scientific system of therapeutics is not possible, except upon the unchanging basis of a knowledge of drug-action upon the healthy body, and that there must be some definite and uniform relation between drug effects and the phenomena of disease, then we shall see the adherents of all schools working together in harmony to advance the grand interests of science and of humanity. So, let the middle wall of partition be broken down; let the schools take counsel together; let medical research be untrammeled and medical opinion free. Let unreasoning prejudice give way, and the foul spirit of medical intolerance hide its monstrous deformity in a grave whose depths no resurrection trumpet-blast shall ever sound. Then we shall soon know whether the central doctrine of Homœopathy is to live or to die; whether our struggle has been for nought, and our sacrifices offered in vain; and of the results of that day we have no doubt and no fear.

Notes and Comments.

The Oyster Industry of the United States for the census year 1880, reached a production of upwards of twenty-two million bushels; the retail value being nearly thirteen and a half millions of dollars.

Professor Jæger's "Discovery of the Soul."—Our friend, Dr. Theo. Bruckner, of Basle, Switzerland, in a letter dated January 31st, says: "I have recently heard two lectures by Professor Jæger, of Stuttgart, one of them being on his 'Discovery of the Soul.' There are a great many very interesting facts in his books which have hitherto been overlooked because nobody was able to explain them. Some one of your contributors, who understands the German language well, ought to study his works and give a *résumé* of the most interesting facts. There are very few who know that Jæger's distinction between soul and spirit is quite in accordance with the Bible, and that the Hebrew word for 'soul' has also the signification of smell. St. Paul also distinguishes between the physical body and the

spiritual body. I have only mentioned this because so many think it almost blasphemy to speak of the discovery of the soul."

Medical Practitioners in Australia.—The Department of State has received an official communication from Adelaide, South Australia, from which it appears that an amendment has recently been effected in the medical laws of that Colony, whereby the holders of foreign diplomas are entitled to be registered as duly qualified medical practitioners. That Government has accordingly asked the Department of State to furnish it, for its guidance, with a list of all the schools of medicine in this country which issues diplomas, or certificates, of sufficient value to entitle their possessors to practice medicine in all its branches and to hold Government medical appointments. The necessary measures have been taken to supply the Government of South Australia with the desired list which, when finished, will, it is presumed, remove all obstacles in the way of the graduates of American medical schools practicing in South Australia. All our homœopathic colleges should promptly see to it that they are represented on the list to be furnished by the Department of State. It may save trouble hereafter.

Tardy Acknowledgment.—It is interesting to note the marked moderation in the tone of allopathic journalism recently manifest in its utterances in reference to Homœopathy. There is exhibited more and more willingness to speak of the new system as though it might possibly have in it some elements of value which the old school should not longer overlook. True it is that nearly all these utterances are qualified by some detractive sentence, which serves to indicate how hard it is for those who have never quite forgiven themselves for their past injustice, to make the *amende honorable* to the aggrieved party. We do not care to find much fault with this; it seems to do them "a heap of good," and so long as it doesn't hurt us in the least, there seems to be no good reason to grudge them the luxury of an occasional slap at us.

A case in point. The New York *Medical Record* of February 18th, in an editorial on "The Progress of Therapeutics," says:

"It is only within a comparatively recent period that any systematic effort has been made to do for therapeutics what so many and such zealous workers have been doing for the other departments of medical science. There can be no doubt that legitimate medicine owes not a little to homœopathists for stimulus given to investigations into the so-called physiological action of drugs; and it is only to be regretted that the good work which they did was so overlaid by absurdities, as to make disgusting the task of separating the wheat from the chaff. Nevertheless, partly by their efforts, and partly by the efforts of others, a beginning was made toward a thorough and critical study of the materia medica in its relations to the human body. From this beginning there has been very notable progress, and especially within the last two or three decades. . . . Medicines are beginning to be classified according to their primary action rather than their secondary results, and the old loose and general designations, such as stimulants, tonics, antispasmodics, evacuants, etc., are giving way to terms expressing the action upon special centres, such as cardiac, vaso-motor, cerebral, spinal, cerebro-spinal, excitants and depressants, etc. . . . Most important results have been obtained in determining the effect of particular drugs upon particular organs. It is here that all the good that homœopathy has accomplished has been done, although it is entitled to credit for but a very small part of the progress made.

"In a general way it has, of course, always been known that emetics act upon the stomach, and cathartics upon the bowels; that the skin is stimulated by diaphoretics, and the urine increased by diuretics. But in later times it has been found that this principle of elective action has a much

wider range than was supposed, and is much more definite and exact in its application. Thus the action of Ergot upon unstriped muscular fibre makes it much more than a parturient, and that of Aconite upon the vaso-motor centres makes it more than a simple diaphoretic or febrifuge. The specific action of Solanaceæ upon the third nerve, and of Aconitia upon the fifth, of Quebracho upon the respiratory centres and of Digitalis upon the cardiac, are instances in point. Nay, sometimes, special branches of a nerve are affected to the exclusion of other branches of the same nerve as, for example, the twig to the levator palpebræ, which is paralyzed by Gelsemium.*

"Examples of this elective action are already very numerous, and this list is probably but just begun. Indeed, it seems not unlikely that in the course of time nearly every organ and tissue in the body will be found to have special relations to special drugs."

To all of which the HAHNEMANNIAN desires to add, that if the editor of the New York *Medical Record* wishes to hasten this desirable consummation, let him get down to the single drug in his investigations and the single remedy in his therapeutic applications. It is the only practicable method; and herein, also, he will find that homœopathy has taught him something.

New Publications.

A REPERTORY; or Systematic Arrangement and Analysis of the Homœopathic Materia Medica. Chapter xxi, Back and Neck. By Adrian Stokes, M.D. Published by the Hahnemann Publishing Society, Liverpool, 1881.

This chapter is the latest contribution to the well-known Cipher Repertory. It contains within 145 pages all the symptoms of the back and neck in provings, with the exception of those belonging to the Imponderables, Mineral Waters, and Houat's Nouvelles donnés. If it were written out in full, without the cipher, it would become a huge and cumbersome volume.

We have used the published chapters of the Cipher Repertory. After becoming acquainted with the plan of the book, it is not difficult to apply it, though the uninitiated cannot expect to use it very rapidly. Each section or chapter has a full index, which enables the reader to understand the signs used.

The chief value of the book, which greatly outweighs its disadvantages, lies in the fact that it preserves symptoms entire. The particular words we are looking for are found printed in ordinary type. Following these is the list of remedies. And then, added to each remedy is a cipher, which refers to all the concomitants and conditions belonging to the symptom as rendered by that remedy. If we are not familiar with these ciphers, by turning to their respective localities, the full symptom is obtained.

The remaining six chapters of the Repertory are in course of preparation. F.

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* See the eyelid symptom in Hale's Monograph on Gelsemium, published twenty-two years ago.—EDS. H. M.

A New Form of Nervous Disease, together with an Essay on Erythroxylon Coca. By W. S. Searle, A.M., M.D. Fords, Howard & Hulbert. New York, 1881.

Dr. Searle's "new disease" has been severely criticised by some of the profession in both schools. We do not feel like passing judgment until there are more data obtained from clinical study. Our impression is, however, that it is not deserving the name of a special disease, but should rather be called a variety.

The subjoined essay on Coca is highly interesting and instructive. Since it was written there have been several reports published, setting forth the value of the drug as a substitute for opiates, etc. But we should regret to see Coca supersede tea, tobacco, coffee, etc. We cannot agree with Dr. Searle that, in the long run, there would be anything gained. For sooner or later the disastrous secondary effects of the Coca would develop, and leave the consumers worse off than they would be after abuse of tea or coffee. It is true that the sustaining power of Coca is unrivalled; but for this very reason the break-down, when it does occur, is the more severe.

The employment of Coca as a stimulant in failing vitality brings up the subject of antipathy, and each one must decide here for himself. But it will take a large amount of most careful experimentation to make us believe that Coca "neither interferes with recovery from disease by natural course, nor with the action of remedies." F.

The Student's Manual of Venereal Diseases. By Berkeley Hill and Arthur Cooper. Second edition. Published by William Wood & Co., 1881.

This little pamphlet is an excerption from a larger work by one of the above writers. It consists of a summary of venereal affections for convenience in study. For this use it is well adapted. But concerning the treatment, we have nothing to say. F.

Textbook of Materia Medica. By A. C. Cowperthwaite, M.D., Ph.D. Second edition, revised and enlarged. Duncan Bros., Chicago, 1882.

We had the pleasure, a year or two ago, of speaking favorably concerning the first edition of this textbook. The second edition comes to hand better bound, and containing an addition of thirty-seven remedies, with an increased number of drugs in comparison bracketed at the right of prominent symptoms. Quite a number of errors, which crept into the former edition, are corrected in the last.

We wish that Dr. Cowperthwaite had included a copious index in his book. It would have greatly enhanced the value of the work by enabling the reader to refer more readily to the numerous comparisons, analyses, etc.

As a textbook need not adhere strictly to the letter of provings, but may comprise well-attested clinical symptoms, we would have preferred to see more of the latter than Dr. Cowperthwaite has seen fit to admit. For instance, why not have added the clinical wonders of Jaborandi in eye-affec-

tions, the blurred sight with the Iris-headache, the cold cheeks, etc., of Calc. phos. in cholera-infantum, dribbling of urine of Equisetum, etc.? Still, the doctor may have doubts of some of these and others omitted, so that we should not be hypercritical. Nor do we wish it to be inferred that there has been a complete rejection of curative symptoms. F.

Ophthalmic Therapeutics. By George S. Norton, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, Senior Surgeon to the New York Ophthalmic Hospital, Ophthalmic and Aural Surgeon to the Homœopathic Hospital on Ward's Island. With an Introduction by Professor T. F. Allen, M.D. Second edition, rewritten and revised, with copious additions. Boericke & Tafel, New York, 145 Grand Street; Philadelphia, 1011 Arch Street. 1882. Pp. 362.

Dr. Allen, in his preface, gives Dr. Norton the honor of revision and enlargement of this edition. In referring to the successful use of homœopathic remedies in ophthalmic practice he speaks of the use of "*Gelsemium* for intraocular inflammations characterized by serous exudation;" Rhus tox. "for suppurative intraocular and orbital inflammations. Bryonia for plastic exudation, and, we may be permitted to add, the American Aconite (A. uncinatum) for ciliary and periorbital neuralgia. No therapeutist will, however, be content to limit his remedial resources, in any one of the above diseases, to the remedy mentioned. Pilocarpine may be required instead of Gelsemium; Silicea in place of Rhus; Phytolacca in place of Bryonia; or Spigelia instead of Aconite; how shall we decide? And the selection must be accurate and prompt, for in the eye, more than anywhere else, delay is dangerous; *the symptoms must always be studied.*"

In reference to the subject of myopia, in which the old-school oculists consider medicinal treatment almost useless, and depend solely upon the selection of correcting lenses, Dr. Norton says very justly, that four points require our consideration: "1. To prevent its further development, and occurrence of secondary disturbances. 2. By means of suitable glasses to render the use of the eye easier and safer. 3. To remove any existing muscular asthenopia. 4. To combat the secondary disturbances."

With regard to spasm of the accommodation, he thinks atropine is seldom required, as the properly-selected homœopathic remedy will give prompt relief to such cases. This is our experience likewise; still, occasional cases occur in which atropine is not to be entirely ignored.

In comparing this edition with Allen's and Norton's first edition, there are some changes to note which our contributing editor calls attention to. Ammoniacum is left out of the second edition, and so is the comparison under Aluminum. Likewise the comparison of the Kali's with Apis m. In the first edition he remarks that œdema of the lids of Ars. is not like that of Apis. and Rhus tox., etc. But in this he omits the sentence, and instead, we find him saying that Apis cannot be distinguished from Ars. in non-inflammatory œdema of the lids, except by other symptoms. Borax, marked of no avail in first edition, is left out, and so is Bovista and Brom.; and Calc. caust., Cyclamen, Hyosc. cases of Garay, Gallavardin and Löscher

are omitted; were they unconfirmed? He also leaves out Caspari's case under Cicuta. Among other omissions of remedies we note Elaps, Dulc., Mag. carb., Mangan., Nux moschata, and Phellandrium.

Why does he spell cilia, *clilicæ?* We find it in both editions. Then he continues to misspell Staphisagria by putting in a *y* contrary to both Dunglison's Dictionary and Allen's Encyclopædia.

Among things added to the second edition is the Index, which should be in every edition of every book. In this volume many symptoms are found italicized, which in the first were in common type; many new cases also are added. He adds to the first edition that Lycopus fails in exophthalmic goitre. Under Arsenicum much useful matter is added. To Bell. he adds two cures of simple plastic iritis, after operating for cataract. He quotes some cures by Dr. C. M. Thomas in the second edition. He adds Calc. hypophos., Cundurango, Duboisia to the amount of three pages. Gelsemium is greatly emphasized, as it properly deserves. Hydrocotyle, Hypericum, Jaborandi, a very important remedy, and Lilium, are also added.

He has also made valuable comparisons under Cinnabaris, and has added to Phos., Physostigma, Phytolacca, Puls., Kali iod., and Sulphur.

The work is of such importance as to claim a place in the library of every homœopathic practitioner. B. W. J.

Lectures on Electricity. By A. D. Rockwell, M.D. William Wood & Co., New York, 1881.

These lectures form a concise book of 120 pages, illustrated with 28 woodcuts. The book is plainly written, and sets forth the generally-accepted modes of applying magnetism, Faradization, etc. It cannot supplant larger works, but is convenient for the general practitioner. F.

Illustrations of Dissections in a Series of Original Colored Plates, reduced (from life size) for *Wood's Library*, 1882. By George Vener Ellis and G. H. Ford, Esq.

The subject-matter of this volume is well prepared, and the plates, 28 in number, are anatomically very accurate; but they suffer some in distinctness from the reduction. F.

Lectures upon Diseases of the Rectum and the Surgery of the Lower Bowel. By W. H. Van Buren, M.D., LL.D., Professor of Principles and Practice of Surgery in the Bellevue Hospital Medical College, etc., etc. Appleton & Co., New York.

This is a most excellent work by a deservedly eminent man, whose own large experience, as well as that of others, has afforded ample material for illustration. It treats of diseases among the most common in surgical practice in a way that is both terse and comprehensive. It brings into a small space the latest views of the pathology of these diseases, and at the same time gives the most approved methods of surgical treatment. The work gives much importance to prevention by means of hygienic treatment, and only needs the selection of the remedies so well known to the homœopathic branch of the profession to make it complete. It is well printed in good type and style, and merits hearty commendation. F.

John Hunter and His Pupils. By S. D. Gross, M.D. Published by Presley Blakiston, Philadelphia.

This essay on the great surgeon, Hunter, and his illustrious pupils, is written in the scholarly style which characterizes all of Professor Gross's works. Highly entertaining as well as instructive, the book commends itself to all who are interested in the study of surgical progress, and in the thoughts and deeds of the founder of scientific surgery. Such information is regarded by some as useless, since it does not contribute directly to what is termed practical knowledge. But in suggestiveness and in æsthetic effect, such reading is indirectly of incalculable value. F.

Diseases of the Nervous System; being a Treatise on Spasmodic, Paralytic, Neuralgic, and Mental Affections. By Charles Porter Hart, M.D. Published by Boericke & Tafel, 1881.

A really excellent book. We think that its author is to be congratulated for his admirable presentation of nervous affections. His reading must have been very extensive; still his book is not a mere compilation, but a thoughtful digest of his own and of general medical experience and observation.

The medical treatment is illustrated by two hundred and twelve typical cases. Some of these are excellent cures, others are but indifferent samples. For these defects our literature is, of course, more at fault than the author.

We cannot say that we are fully satisfied with his therapeutics. It is not full enough, considering our wealth in "nervous symptoms." We will refer but to one omission, which, however, is sufficient to confirm our statement. Under hydrophobia the treatment recommended is caustic, steam-baths, Liq. ammoniæ, Cedron, Bellad., Scutel., Euphorbia, and Electricity. Now it is well known that Stramonium, in countries where rabies is no uncommon affection, has cured many severe cases. Why was it omitted? We further object to the paucity of clearly-defined drug effects, so necessary to exact prescribing.

Despite these defects the book commends itself as a much-needed and competent work on diseases of the nervous system. F.

Gleanings.

The domain of microphytes is fast extending its limits. It is not long since leprosy was declared to be due to their development; syphilis and tuberculosis are believed by many to be largely due to them; and now lupus, an affection which has some undoubted affinities with tubercle, has yielded to Max Schüller, of Grieſswald, evidence of micrococci mingled with the cell products.

Here we have to thank Klebs again for an important discovery. He found that the Benzoate of sodium or of magnesium destroys the bacilli of typhoid fever, while, even in very large doses, it does not act deleteriously on the system. As the bacilli accumulate in large masses in this disease on the mucous membrane of the nose, mouth, pharynx, bronchial tubes, and intestinal canal, a strong solution of the remedy mentioned is applied to and brought in direct contact with these parts, and for this purpose it is

used in form of injection, mouth-wash, gargle, by inhalation, and administered internally, namely, in doses of about twenty grains every two hours, so that altogether, *i. e.*, by the different modes of its application about three hundred and twenty grains of the remedy are daily given to the patient.—*Med. and Surg. Reporter.*

Medical Ethics in France.—The *Société Médicale de Nievre* have recently drawn up a little code, which our American brethren would do well to imitate. It runs as follows: 1st. Medical men honor their profession by honoring themselves in their confraternal relations, and, consequently, by observing, in their mutual intercourse, the greatest courtesy in actions and in words. 2d. Every medical man called in accidentally to a patient who is under treatment, in the absence of the usual medical man, should restrict himself to prescribing the medicines necessary for the moment, and not make any remarks upon the treatment which has been followed. 3d. He should not call again upon the patient, unless he be called in consultation by the medical man in attendance. 4th. Medical men called in consultation should abstain, while in the presence of the patient and of his friends, from any expression that may prejudice the usual medical attendant. In private consultation, that is to say between the medical men only, any expressions which may throw discredit on either of the consultants is reprehensible. The treatment agreed upon by the consultants should be carried out by the usual medical man. 5th. The consulting medical man should not go to see the patient, unless he be again called in, or authorized to do so by the medical man in charge.—*The Medical and Surgical Reporter.*

Preservation of Urine.—In August, 1877, Dr. C. H. Porter, of Albany, gave Dr. E. F. Curtis a specimen of urine, four ounces, containing five grains of chloral to the ounce. No special care has been taken to facilitate its preservation. It has been simply corked, without sealing, and has several times been opened, though standing most of the time quietly in a dark cupboard. It is now perfectly transparent, is of a clear amber color, and has a fresh, urinous, slightly balsamic odor. A slight, semi-flocculent deposit covers the bottom of the vial. The chemical analysis is identical with the notes made when it was recent: specific gravity, 1015; acid; albumen, one-fourth. The preservation of the albumen is a marked test. On microscopic examination the epithelial cells are as perfect as in recent urine. No casts were noted (the case was one of Bright's disease, long since terminating fatally), and none are now seen. A few octahedral crystals, identical with calcium oxalate, except that they do not show the shining edges, are now seen; no note is made of them in the fresh examination, but they may be oxalate of lime, not then, possibly, having deposited; for, being light of weight, they fall slowly, and sufficient time may not have been given for them to deposit. The specimen seems to be quite the same as when freshly voided, and is manifestly instructive and of considerable interest.—*Medical Annals*, January, 1882.

The Expulsion of Insects from the External Auditory Canal.—The question of the removal of living insects from the ear is so important that we cannot refrain from calling attention to a method first discovered by the late Dr. John Ellis Blake, of Boston city, and described by him in the history of a case published in the Boston *Medical and Surgical Journal*, vol. 66, p. 214, 1862. The case was one entitled "Larvæ of the Common Fly in the Meatus Auditorius Externus." The patient had suffered for four or five days with hæmorrhage from the ear, and most excruciating pain. Of his interview with him Dr. Blake says: "With difficulty, owing to the flow of blood and the involuntary movements of the patient, I was able to introduce a speculum into the meatus, and get a glimpse into the interior. What was my astonishment to find it tenanted by several mag-

gots in full activity. The movements of these creatures against the sensitive structures of the ear were evidently the cause of the pain, and their excavations in feeding the cause of the hæmorrhage.

"The sponge was wet with Sulphuric ether, and held for a few seconds over the ear, when we had the satisfaction of seeing the maggots wriggle from the ear in great haste on removing it. On looking in, but one could be seen, and a reapplication of the sponge soon caused him to come out for fresh air. The whole number removed was eight or ten; and as the larvæ were of good size, I can hardly see how they could have been packed away so deeply in the passage."—*Medical Counselor.*

News, Etc.

Removal.—Dr. C. S. Hoag has removed from Waterbury, Vt., to Bridgeport, Conn.

Prof. Korndœrfer has been seriously ill for some weeks past; but, we are glad to state, is now improving.

Progress of the Revolution.—The president of an allopathic medical society recently devoted his inaugural address to a defence and championship of homœopathy, and a prominent allopathic journal publishes the remarks in full, without comment.

Cholera and Yellow Fever.—Cholera was prevailing in British India so late as December 13th; the deaths for the week ending on that date being 14 for Bombay alone, and 20 in the Bombay district. It also prevails in the neighboring districts.

Yellow fever cases have been reported at Havana, Cuba, during the autumn and winter. Two deaths occurred during the first week in January. The New York *Telegram* says that from information dated January 30th, received from a private source, "about half the population of Port-au-Prince, Hayti, is suffering from yellow fever. The son of the United States Minister was dangerously ill with the fever, and it was spreading throughout the island. Port-au-Prince is rigidly quarantined, and the regular steamers cannot enter the harbor."

Homœopathy in West Philadelphia.—Dr. J. K. Lee writes us, under date of February 10th, as follows: "About two weeks since, the Managers of the 'Home for Old Ladies,' on Lancaster Avenue, near Forty-eighth Street, elected Dr. C. H. Baker (homœopathist) one of the physicians to that institution, and to-day I learn that his allopathic colleagues have tendered their resignations as an expression of their unwillingness to endure such an association. In consequence of this action it is not unlikely that the medical management of the institution may pass entirely under homœopathic control.

"About the same date, the Managers of the 'Working Home for Blind Men' elected your humble servant one of the physicians to their institution, and I have appointed Dr. Baker as my assistant. Thus far I have had no intimation that my allopathic colleague declines to continue his relations to the Home on my account. It is not good policy for us to hesitate any longer to claim our equal rights and privileges. To do this we must make some sacrifices, and personal interests must yield to the claims of the higher interests of homœopathy."

Homœopathy at Harrisburg.—Our energetic friend, Dr. Hugh Pitcairn, is doing good work in the State Capital. It seems that a representative

of the Harrisburg *Independent* visited an allopath in reference to rumors of union between his school and homœopathy. He indignantly and emphatically denied that such union was under consideration. A full column of the *Independent* is devoted to his tirade against the homœopathic school and its votaries. A day or two afterwards Dr. Pitcairn appeared in the columns of the same paper in defence of homœopathy. The editors prefaced his communication with the following significant words: "Hahnemann Helmet. No hedging for homœopathy. Dr. Pitcairn advances argument why the disciples of the new school deserve a place and recognition in this day and generation. Not invectives, but stern facts employed to defend the law and being of his orthodoxy. More of enlightenment than defence."

The communication covers a column and two-thirds, and is a calm and conclusive statement of our claims and the reasons on which we base them.

The New Code of Allopathic Ethics.—The New York State Allopathic Society at its last stated meeting, held at Albany, February 7th, practically rescinded that portion of their code of ethics which declared that "no person is a fit associate in consultation whose practice is based upon an exclusive dogma," etc., meaning thereby homœopathists, and adopted the following in its place:

"Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

This paragraph was embraced in the report of a "Committee on Revision of the Code of Ethics," appointed last year. The report elicited considerable discussion, and a substitute, practically abolishing the code altogether, was offered by Dr. Roosa and lost. The vote was 39 ayes to 37 noes, a majority of two-thirds being required to pass it. The report was finally adopted by a vote of 52 to 18.

The inaugural address of the President, Dr. Abraham Jacobi, of New York City, was evidently intended to smooth the way for the passage of the modified code, by making it appear that homœopathists are such in name only, and not in practice. His language is as follows:

"There has, of late, been a tendency on the part of homœopathic physicians to recover from the incubus of Hahnemannian therapeutics. Dynamization by mixture and submixture, division and subdivision, is no longer sustained as a principle. 'Similia similibus' is no longer claimed as a dogma, but a 'proposition,' as it was called by a correspondent of *The Medical Record* of November 26th, 1881. Diagnosis is no longer declared superfluous, and the treatment of mere symptoms by the administration of medicinal agents, the effects of which have been estimated by the effects of large doses of the same agents observed, or believed to have been observed, in the well, is said to have been given up. Besides, the principles of medical science, anatomy, physiology, etc., are said to be taught and studied with them, as they are in our own schools. Thus it is claimed that now the questions of What is a homœopath? What is a medical man? cannot be answered at all. When asked What is a homœopath?—at least the correspondent in *The Record* so answers,—'Twelve persons would give you twelve answers.' If that be so, it is not our fault, but that of those who are as anxious no longer to be called Hahnemannians, as they are to retain their exclusive title and denomination. We are told that homœopaths do not any longer practice 'according to an exclusive dogma,' but that, when the consideration of the question of homœopathy comes up among us, 'the question of exclusive dogma falls;' but, even if it held, it would be our business, before recognizing their close fellowship, to show that, in addition, they reject the 'aids' referred to in our code of ethics. That means that

we have no right to refuse the fellowship of a homœopathic practitioner, when he tells you, or you have reason to believe that, besides his usual dosulæ, he may give, when he sees fit, ten-grain doses of calomel or twenty-grain doses of quinine.

"But homœopathy does not become scientific medicine by its adherents adopting all sorts of medicines, according to whim, alleged indications, convenience, or experience. The class of men who are so submissive to the desires or prejudices of the public as to offer treatment according to 'either of the systems,' or so uninformed as not to discriminate between scientific induction and the habits of routine, must not establish the standard of their logical therapeutics or professional ethics. At the time Hahnemann lived, the strict inductive method was not the basis of medical science and thought. When there were so many systems and schools, the founder of homœopathy had a certain ground for creating another from nothing or chaos. But the last thirty or forty years have worked radical changes in the scientific conscience and consciousness of modern medicine.

"Not the least, however, of the branches of medical knowledge which have been modified by the modern current of medical thought and investigation, is that of our therapeutics. It has become experimental, and a part of experimental physiology and pathology. In this movement homœopathy has taken no part. In its old condition it had, at least, a rule and law; in its new form it has no shape, no steadiness.

"A few weeks ago the Central Committee of the medical societies of Berlin, Germany, passed a resolution saying: 'It is self-evident that medical men cannot consult with those who call themselves homœopaths.' Now, every homœopathic physician is not of necessity an outright knave or an accomplished ignoramus. If he were the first, the question of fellowship between him and gentlemen could not be entertained at all. If he were ignorant, fellowship and the meeting at the bedside would not in itself be impossible. But, in the president's mind, if the question of consultation and fellowship were raised, there was an objection to every man who is not satisfied with the name of 'physician' or 'medical man.' Indeed, it appeared that homœopathic practitioners and societies began to feel as he did in this matter, for the Homœopathic Society of Northern New York has dropped the word homœopathy."

Death of Dr. Thomas P. James.—Dr. Thomas P. James, a well-known botanist, who made a special study of bryology, died at his residence in Cambridge, Mass., of paralysis, on February 22d, in the seventy-ninth year of his age. He was born at Radnor, near Philadelphia, September 1st, 1803. At the time of his death he was engaged upon his life-work,—an illustrated edition of the mosses of America,—a book designed to contain the descriptions, as well as illustrations, of all the different varieties of mosses of this continent, from Central America to Alaska.

During his whole life he was a devoted botanist, and for many years has been interested in that portion of the subject relating to mosses. He had, it is said, the finest collection in the country, and was constantly in exchange with other bryologists all over the world. He was widely known in Philadelphia, having been a wholesale druggist thirty years ago. He afterwards sold his property and removed with his family to Cambridge, Mass., where he continued his collection of mosses, and entered fully into their further study and arrangement of their proper classification and illustration, having associated with him in the undertaking the venerable Dr. Leo Lesquereux, of Columbus, Ohio.

His specially arranged collection of mosses is contained in three large volumes, entitled *North American Mosses*, by Thomas P. James, only one copy of which is in existence under that title. It is made up of pressed mosses from his herbarium, mounted on white paper and all properly classi-

fied and named in Latin text, with spaces for new mosses as they were discovered These valuable volumes probably form the most complete collection in existence. They were exhibited at the Centennial Exhibition in 1876, and botanists who had the opportunity of examining them expressed their pleasure at the completeness, accuracy, and neatness of the work.

Dr. James was the botanist of the Horticultural Society of this city, and was for nineteen years, while residing in Philadelphia, its efficient and hard-working secretary. He was an active member, and at one time an officer, in the Philosophical Society of this city, and one of the promoters of the Drug Exchange, of which body he was the second president. He belonged to the American Academy of Arts and Sciences, the Boston Natural History Society, and to the Torrey Botanical Club of New York. The American Association for the Advancement of Science, of which he was an active member for years, honored him with the title of "Fellow" in that society. Among his particular associates and companions were Professor Asa Gray, Emeritus Professor of Botany in Harvard University, and Captain McNair, a well-known microscopist, who were with him as he passed away. He was the uncle of Dr. Bushrod W. James, business manager of the HAHNEMANNIAN MONTHLY, and of Professor John E. James, of the Hahnemannian Medical College of Philadelphia.

DECEASED: MARSDEN.—After a short illness, on Sunday, February 19th, 1882, near York Springs, Pa., Susan Grear, wife of J. H. Marsden, M.D. Our venerable and honored colleague will have a very warm place in the sympathies of his hosts of professional friends in his sad bereavement.

HOUARD.—Died, in Philadelphia, on Saturday, February 11th, J. Emilio Houard, M.D., aged about sixty-five years. Dr. Houard was brother of the late John G. Houard, M.D., whose writings on the subject of homœopathy are familiar to all the readers of this journal. From the Philadelphia *Ledger*, of February 13th, we clip the following in reference to the deceased:

"J. Emilio Houard, a homœopathic physician, of this city, who died on Saturday last at his residence on South Sixteenth Street, had a more than usually eventful life. The deceased was born in Philadelphia, about 1817. While he was yet a child his parents removed to Cuba, taking their son with them. He resided at Cienfuegos, Cuba, until of age, acquiring, in the meantime, an excellent education. He then returned to this city and attended lectures at the Jefferson Medical College, from which institution he graduated in 1843. Coming about this time into contact with the late Dr. Constantine Hering, by whom he was cured of a chronic malady, he, in consequence of this, and through the former's teachings, became a convert to homœopathy. Going to Cuba again, he established himself at Cienfuegos as a homœopathic physician, and soon gained a large and lucrative practice. Later on he was arrested on the charge of treason, in giving aid and comfort to the Cuban patriots and revolutionary army, a charge which is said to have been unfounded. He was speedily convicted, and sent to Spain as a state prisoner, where he was imprisoned and treated with the utmost rigor until about ten years ago, when the Government of the United States took the matter up, and through its instrumentality effected his release. He soon made his way to his native land, and resided in Philadelphia, following his profession until his death. Dr. Houard was accounted a wealthy gentleman in Cuba, and had a claim pending against the Spanish Government which is still unsettled. He received no restitution whatever for loss of character and estate and all the hardships he had undergone."

OFFICE OF THE HAHNEMANNIAN MONTHLY, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

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THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, April, 1882. No. 4.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

MOLLUSCA.

(Continued from page 139.)

EARS, FACE.—Very sensitive to noise.

Whizzing and roaring in the ears, they feel as if stopped. Deep-toned roaring when lying on the ear, synchronous with the pulse.

Otalgia, worse walking in the wind; better in a warm room. Pressure from within outwards; or pain extending to parotid gland and to mastoid.

Thin pus flows out of the ear, with itching; purulent, whitish cerumen.

Sense of smell acute.

Nose dry, feels stuffed. Dry coryza and dry cough.

Nosebleed during the menses. Blows blood from the nose, or blood and mucus. Profuse nosebleed.

Nostrils sore, burning, aching in alæ; right side feels stuffed, yet there is a slight watery discharge.

Frequent sneezing, almost without coryza. Spasmodic sneezing every morning.

Yellow discharge from the nose. Green plugs are hawked out in the morning. Nose inflamed, swollen, with sore, ulcerated nostrils; it feels raw, with smarting, burning, and tingling.

Tip of the nose painful, red; eruption.

Face red, flushed—pale, puffed—yellow, especially about the mouth, and like a yellow saddle across upper part of cheeks and nose.

Small red pimples on the forehead; roughness. Liver spots.

Tearing pains in the facial bones and in the teeth; worse, or only, at night.

Related Remedies.—Studying these local effects of SEPIA in conjunction with the universal characteristics, we see that erethism, vascular fulness, and organic changes qualify the effects of SEPIA on ears, nose, and face. The senses are excited, as they often are in nervous or hysterical women. Roaring in the ears, nosebleed, and flushed face, indicate venous fulness; and the yellow, earthy skin, and altered nasal mucus, mark organic changes. Even the sensations in the nose are one with the universal symptoms of mucous membranes, as acted upon by SEPIA: rawness, smarting, tingling. And the susceptibility to cold and damp, resulting in otalgia or coryza, is also a universal characteristic. SEPIA compares well with SULPH. in chronic otalgia. It also resembles the following in a chronic inflammation of the external auditory canal with itching: SULPH., ARSENIC, GRAPH., *Petroleum*, *Nux v.*, *Silic.*, *Tellur.*, *Baryta*, *Psorin.*

SEPIA has, it is claimed, itching, scratching, and causes a watery oozing. In ARSENIC the canal is dry and full of scales. In GRAPH. there is more gluey discharge. In *Petroleum* there is marked dryness, but with humid soreness behind the ear; occipital throbbing headache.

Scurfy, moist ears, also call for *Sepia*, PSORIN., GRAPH., SULPH., CALC. OSTR., OLEANDER.

In SEPIA it is tettery, rough, red, with pustular eruption, much scaling and some moisture. In PSORINUM there is scabby, offensive eruption on ear and cheek. In OLEANDER there is intolerable itching of various parts of the body when undressed; skin chafes from slight friction. SEPIA has relieved nasal catarrh, when green plugs were hawked out, especially in the morning. Here it resembles KALI BICH., in which, however, the plugs are firmer, more tough,—TEUCRIUM, which, according to Dr. Walter Williamson, cures large, irregular "clinkers"—Lycopod., Arum tri., Natrum ars., etc. SEPIA is distinguished from all by the aggravation during menses.

The color of the SEPIA face suggests SULPH. and NUX VOM., in bilious patients (see farther on under Stomach and

Bowels), and CAUST. (see March number, page 134). CAUSTICUM has more yellowness about the temples; Nux and SEPIA about mouth and nose.

For so-called "liver spots," SEPIA compares with *Nux vom*, LYCOPOD., *Sulph.*, and Woorari, recommended by Dr. Baruch. We have twice relieved with it. Caulophyllum has also been suggested.

MOUTH, STOMACH, ABDOMEN.

Lips dry; they crack readily.

Swelling on the lower lip, with soreness, burning pain, and pricking, as from a splinter of wood.

Mouth and throat dry, rough in the morning.

Inside of mouth swollen; small white blisters and ulcers, which are painful.

Tongue feels as if scalded, especially at the tip. Blisters and pains as if burned. Dry, rough.

Tongue coated white—dirty yellow, with putrid taste—mucus-coated.

Salivation, mouth full of a saltish fluid, and yet fauces and throat are so dry the patient can hardly utter a sound (Dunham).

Gums bleed easily; swollen, dark-red, with very painful throbbing, as if beginning to suppurate; sore, ulcerated. Toothache and throbbing in the gums during menses.

Toothache; drawing, tearing in the left ear; sticking; stitches extending to the ear. Worse at night, from cold air or wind, from hot or cold things in the mouth (the drawing), during pregnancy or at the menstrual period.

Teeth decay quickly. Teeth become loose. All the teeth are painful, especially a hollow molar, which pains as if elongated and swollen, with swelling of gums and cheeks, with which the pain ceases.

Taste. Bitter or sour in the morning; bitterish-sour; foul as from old catrrrh; foul or putrid; like bad eggs, with similar-tasting eructations.

Eructations frequent, bitter, sour, or sour and offensive, like rotten eggs. Heartburn. Hiccough after a meal.

Nausea. Mornings with weakness, better after eating; things grow black before the eyes, even fainting. Makes her sick to rinse the mouth or clean the teeth.

Nausea at intervals all day, also after a meal; afflux of watery saliva; bitterish sour taste; no appetite, but food has a natural taste. Vomiting during pregnancy; it often follows

the morning nausea; bilious, with much retching. During the day, attacks of constriction in the hypochondria and nausea (Dunham). Vomits a milky water.

Appetite. Hunger, craving; hungry soon after meals. Desires vinegar, pickles, piquant things.

Loss of appetite, things are tasteless; or there is positive aversion to food; nausea when thinking of it.

Thirst, though generally it is absent.

Stomach. Pressure, burning, distress, with sensitiveness to touch or to pressure of the clothes; aching, and throbbing, relieved by eructations; distress worse in the afternoon, nearly ceases after supper.

Beating in the pit of the stomach in the morning, then ebullitions in the chest like palpitation of the heart, followed by subjective burning heat of face and body; no thirst, but some sweat.

Goneness. With weakness and dragging—empty feeling, with nausea at the thought of food; faint, sinking feeling, with or without pain on pressure.

After eating. Heat and palpitation of the heart; or the patient is irritable, averse even to those ordinarily loved best; bloatedness of the abdomen; acid mouth; waterbrash; nausea, vomiting; diarrhœa (after meat or milk); pressure in the stomach, as from a stone, etc.

Liver. Fulness; pinching pain; stitches; sore pain. Sensitive while riding over rough roads. Sense of fulness and bloating across the epigastric region.

Abdomen. Sensation of emptiness, dragging, heaviness; distended with flatus, worse after eating, even a little food; loud rumbling.

Cutting pains horizontally across the abdomen, sometimes extending up into the chest (Dunham). (See also Genital Organs.)

Rectum, Anus. Burning, smarting, itching.

Heat, burning, and swelling of the anus.

Aching in the anus, better by fast walking.

Weak feeling in the rectum, evening in bed, restless.

Contractive pain in the rectum and thence to perineum and vagina, or up into abdomen.

Hæmorrhoidal tumors, painful, bleeding; discharge of mucus, with stinging and tearing, but without stool.

Prolapsus ani during stool.

Sensation of weight in the anus, not relieved by stool.

Stools. Much urging, even with soft stool; insufficient, retarded, like sheep-dung; whitish.

Diarrhœa, green, slimy, sour, or fetid.
Small, jelly-like stools, with tenesmus, debility.
Diarrhœa worse from milk, whether boiled or not.
Ascarides; round worms.

Related Remedies.—The alimentary canal, with associate organs, is profoundly influenced by SEPIA. Its especial characteristics are here very manifest; as the venous plethora, relaxed tissues, sluggish functions, irritation of mucous membranes, with burning and smarting, yellow skin, etc. Dunham has well described the relation of SEPIA to functional derangements of the liver; and Raue refers to its use in abdominal affections, when the whole aspect of the patient indicates a deep-seated disturbance in the digestive functions.

One of the provers had a yellow-coated tongue, with red tip and edges; brown-coated with red edges; dry, cracked lips; nausea; dull, heavy feeling, very weak back.

The peculiar symptom of the lower lip has led to its successful use in epithelioma. The splinter-like feeling suggests a comparison with NITRIC ACID and HEPAR.

In diseased teeth, SEPIA, as an antipsoric, should be compared in scrofulous children with: LYCOPOD., CALC. OSTR., SULPH., *Mercur.*, *Carbo animalis*, etc. According to one author, LYCOPOD. follows lime, if there is dull aching in the teeth; worse after eating; little tumors or ulcers on the gums.

CALC. OSTR. acts well, general symptoms agreeing, when carious teeth are always worse from a draught of cold air.

Mercurius differs, with the tongue taking the imprint of the teeth; aggravation from the warmth of the bed; no relief from sweat.

Carbo animalis relieves when there are rending, tearing pains from salt food; sensitive to the cold.

In toothache during pregnancy, compare *Mag. carb.*, *Mag. phos.*, and *Ratanhia*, all of which have, like SEPIA, nightly aggravation. In *Mag. carb.* and *Ratanhia*, patient is compelled to walk the floor for relief.

In gastro-enteric affections SEPIA is useful, particularly in chronic cases. It is characterized by sour and offensive secretions, the two combining often, goneness at the epigastrium, nausea and bilious vomiting in the morning; awakes with nausea and headache, as from debauchery. After a little food, full to repletion, like LYCOPOD. Abdominal plethora, like NUX and SULPH., but with more dragging, faint, gone sensation. Accompanying mental indifference to near and dear friends is an important symptom. Defective action of the

liver, as shown by yellow eyes and skin; whitish stools; offensive gases from the bowels; urine deposits a red sediment. Catarrh, as indicated by slimy mouth, rawness in the throat, mucus-coated fæces; slimy, green, or jelly-like discharges; proctitis, with mucous or purulent oozing.

In "morning sickness" SEPIA is unsurpassed. One prover referred to nausea with distress in the pelvis, and it is because of the power of the drug to affect the pelvic circulation, and to influence the os uteri, that it promises so well. Compare here: NUX VOM., PULSAT., Kreos.; and, when there is aggravation from a morning ride, COCCUL. and PETROLEUM. Only SEPIA has vomiting of a milky water.

In abdominal complaints compare: LYCOPOD., NUX VOM., SULPH., *Pulsat.*

LYCOPODIUM, like SEPIA, depresses functional activity, leading to torpidity and chronic disease. There are, in both, repletion from small amounts of food, bloatedness; constipation; yellow skin, defective action of the liver, with abdominal congestion, piles; impaired nutrition; red sand in the urine.

But repletion is more characteristic of LYCOPOD.; emptiness, goneness, etc., of SEPIA. Indeed, with the former the repletion overshadows the other symptoms, often existing without marked changes in the appearance of the tongue. Sour taste and sour or burning eructations, however, are very common. The abdomen is in a state of ferment; disturbed circulation after eating, with irresistible drowsiness. Urinal sediment of free, red sand. Constipation, with urging and constriction of the anus. In SEPIA, on the other hand, there are more foul eructations; erethism, anxious faintness after eating; urinal sediment adheres to the sides of the vessel; costiveness, with inertia of the rectum.

LYCOPODIUM (and Teste and Hughes confirm it) cures enteritis of infants who are fed on food which they cannot digest. In SEPIA we have a remedy for the indigestion of children, which exacerbates at every change of weather. The breath is sour, tongue white and blistered, anxious dreams, high fever.

SULPHUR resembles the drug under consideration in many respects. Both are suited in torpid cases, with defective reaction. There are abdominal plethora, congested liver, piles, constipation; hunger about 11 A.M.; bitter or sour taste; eructations sour or like bad eggs; fulness from a little food, etc. Subacute, lingering inflammations.

In SULPHUR, the face is more blotched, red, spotted at times; saliva nauseates him; vomits food, chronic vomiting; craves brandy or beer; craves sweets, but they disagree; hunger at 11 A.M.; while in SEPIA it is more of a gone, faint feeling. The constipation is attended with ineffectual urging, like NUX. There is no inertia as in SEPIA, but congestion, irritation of muscular fibre, with resulting sensitiveness, tenesmus, fitful urging, etc. A universal of SULPHUR is: anxiety, ebullitions of blood, irritability with mental despondency. If there is inflammation present, the tongue displays a red tip, and there is accompanying fever, with persistent dry heat.

SEPIA stands between PULSAT. and NUX VOMICA, favoring in the former, mucous states, chilliness, putrid eructations, and in the latter, yellow skin, abdominal plethora, sour stomach, morning headache as from debauchery, constipation.

For gone, empty feeling in epigastrium, compare: *Calc. ostr.*, *Ignatia*, *Actea rac.*, *Kali carb.*, Niccolum, *Hydrastis*, *Phosph.*, *Mercur.*, *Sulph.*, *Natr. carb.*, Natr. mur., Natr. phos., Murex, Thea, Podolph., *Stannum*, COCCULUS, *Thea*, *Carbo animalis*, *Staphisag.*

SEPIA usually has associated hunger, though eating may not relieve. It is a part of the general relaxing effect of the drug, as manifested in nearly all regions of the body.

COCCULUS has the same extending all over the abdomen and chest; tires her to talk; renewed by over-exertion, and especially by loss of sleep.

KALI CARB., empty feeling before eating, out of proportion to the feeling of vacuity caused by hunger, with undue bloating after eating, especially after soup in small quantity.

STANNUM, sensation continues after eating, and extends all over the chest.

IGNATIA, with sighing. *Carbo animalis*, from loss of vital fluids, as nursing. Sars., with rumbling in the abdomen. Niccolum, but without desire for food. *Oleander*, with sensation of distended abdomen; chest feels empty and cold. *Ipecac.*, *Thea*, and *Staphis.*, all with empty, relaxed feeling of the stomach, which seems to hang down. *Hydrastis*, *Mercury*, *Calc. carb.*, like SEPIA, have a faint-like weakness. *Actea rac.* is excellent when, with the faint, empty feeling in the epigastrium, there is a trembling, wavy sensation, proceeding from the stomach over the body. *Hydrastis* relieves when there is sinking sensation, palpitation of the heart; mucus-coated stools. *Thea* produces a gone, faint feeling; sick headache, radiating from one point; left ovary pains, then sick headache.

BRAIN EXHAUSTION, NATRUM MUR.

BY F. F. LAIRD, M.D., UTICA, N. Y.

July 7th, 1881, was consulted by C. J. S., aged 30, of nervo-sanguine temperament, light complexion, blue eyes, and auburn hair. Previous to the beginning of his present trouble he had always been remarkably robust, a good athlete, a fine ballplayer, and a most social companion. Like many another young man he had his season of "sowing wild oats;" but had reaped nothing worse than a mild attack of gonorrhœa. His wildness, however, had caused the loss of a position which he much coveted, and in which, by diligent attention to his business, he might have been eminently successful. The disgrace weighed heavily upon a sensitive nature, and was ever present in his thoughts. A complete reformation was the result. He soon secured a clerkship requiring considerable mental labor, and, with a determined purpose to atone for past errors, applied himself to his new duties with far more diligence than discretion. For months he stood at his desk early and late; his brain was busy even in his sleep. To this mental strain and anxiety may be directly traced the subsequent difficulty. Following in its train came gradual impairment of memory, incapacity for sustained mental labor, headache, great irritability of temper, hyperæsthesia of sight and hearing, formication and numbness, muscular weakness, and frequent urination. But with these symptoms thought and judgment remained intact; the power of attention was only enfeebled; local palsies were absent; and the headache was not constant. Here, therefore, was a severe case of "brain fag," which, as the record will show, strongly threatened to pass on to cerebral softening. From my case-book I abstract the following detailed history, as gained from the patient, family, and intimate friends:

Two years ago commenced having headache, accompanied by aching in nape of neck. These became more and more frequent, and "greatly affected the memory;" could not remember where he had left things, and experienced some *difficulty in thinking.* From the jolly, calm, good-natured son, he became *sad, angry at trifles,* and started at the least noise. The eyes gradually assumed "a peculiar expressionless look, and were sensitive to light." All his social qualities disappeared. *He called up all the past grievances and loved to dwell upon them.* Fondness for children turned into hatred; confidence changed to suspicion. Notwithstanding the fact that he had

been under good homœopathic treatment for several months, and had spent weeks in the Adirondacks, he had been slowly but surely growing worse up to July. At the time of his visit to me the symptoms were as follows: Headache, now on one side, now on the other, but always in the frontal eminences; pains dull, aching *as though the head would burst*, not constant, never changing to sharp; aggravation *in morning on awaking, from thinking and reading*, stooping, and strong light; unaffected by jarring noise, heat or cold; amelioration from Cayenne pepper plaster; *sweating* sometimes, though not generally, by eating; neuralgic pains occasionally running up back of neck, suddenly appearing and disappearing "*like stitches.*" His mental condition is characterized by frequent attacks of uncontrollable weeping, during which *any attempt at consolation is met by a violent outburst of anger.* "I am quickly sorry for it, but can't help it." *Flares up at the merest nothing*, and threatens to throw things at his mother; followed by weeping. Great forgetfulness; in writing omits words; cannot recall the names of intimate friends; tells the same story over and over again, although each time reminded of its former recital; frequently silly in language and action; apparently finding a huge joke in the most commonplace occurrences; thinks no one cares for him, and is always imagining himself slighted; knows the family would go to ruin without him; eyes sensitive to light, *blur as soon as he attempts to read;* strong light causes them to ache, and makes lids sore; *eyeballs feel stiff when moving them;* pupils inclined to be inactive; vision indistinct; *humming in the ears;* speech drawling, with *numbness and stiffness of tongue, especially noticed in morning;* appetite very good, almost ravenous; sometimes has *cramp in stomach, better from tightening his clothes;* tongue slightly coated white, in morning feels *dry and sticky* (*but is not so*), and *burns, especially at tip;* more or less *loss of taste*, accompanied by posterior nasal catarrh, with *loss of smell* and *hawking of clear mucus in the morning;* when first awaking, *mouth is dry*, burns, aches a little, and *feels sore; lips dry; very thirsty, especially towards night; wants all his food very salt; empty eructations, especially after eating;* bowels constipated; stools light brown or yellow, *crumbling, very difficult owing to actual contraction of anus* (has to use oil) as well as *inactivity of the rectum, followed by burning and smarting at anus;* great and urgent desire for stool, but with the effort the desire passes away; urine clear, light-colored, and passed too frequently; any excitement causes immediate desire to urinate; *bruised, lame pain in small of back,*

as though he could not stand straight, relieved by *pressing something hard against it;* hands tend to "go to sleep;" has had eruption of small pimples on limbs, itching only after scratching; sleep generally poor, owing to dreams of the day's work; not very restless; sleeps in short naps, without twitching; sweats all night; *unrefreshed and dizzy in the morning;* cannot sleep after 5 A.M.; skin unhealthy, wounds are a long time in healing; *itching and pricking in various spots,* quickly changing locality; crawling and numbness; *sweats very easily, giving great relief; skin,* particularly of face, *has a greasy look;* general *aggravation in morning,* and again in evening; attacks intermit, sometimes for two or three days "will feel like himself," and then symptoms return; painful sensations in various localities; better in open air.

Fully realizing that I had a hard case to manage, I prescribed that "homœopathic fib," Sac. lac., and pulled down the Materia Medica. Nux had doubtless been given *ad infinitum,* and was out of the question. *Natrum mur., Anac.,* Alum., Silicea, and Lyc., seemed to be the nearest similars; but only Natrum mur. covered the *totality* of symptoms. July 11th, Natrum mur.^{200} was given, a powder, dry, on the tongue, three times a day; tea, coffee, and the excessive use of salt were prohibited; a plain nutritious diet, fresh air, mental rest, regularity of habits, and congenial companionship strongly advocated. July 15th. Only one attack of the "blues" since taking the medicine. No dreams at night; "sleeps splendidly." *General* improvement, with exception of anal symptoms; ℞. continued. 22d. Mentally very much better; but constriction of anus as bad as ever; *has to strain very hard even with a soft stool,* but passage causes no pain or soreness; *all the mucous membranes dry;* ℞. Alum.^{10x} 3 p. d. 28th. Contraction of anus gone; but "don't feel as well mentally." At this time I gave him a large supply of Natrum mur., to be taken once a day (just before going to bed), and sent him to the Adirondacks. He returned in October, with twenty pounds added to his weight, a healthy flush on his cheek, and feeling, as he expressed it, "like a fighting cock." His gloomy fits had entirely disappeared, and he was once more the genial companion and affectionate son of former days. He at once resumed his position as clerk, and up to the present writing (March 6th), has not missed a day. Now and then, the old symptoms tend to return, but a few doses of Natrum mur. quickly dispel them. The occasional relation of an "oft told tale," and a slight forgetfulness, yet remain to show that the

mental condition is not as perfect as it should be; but to the wonderful improvement under the action of this too much despised remedy, I am indebted, not only for one of my best families, but also for a large share of a good practice.

TREATMENT OF INTERMITTENT FEVER.

BY CHARLES MOHR, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

Owing to the length of the papers preceding mine, the subject of the treatment of the intermittent form of malarial fever must be briefly considered.

Preventive Treatment.—Persons living in malarial regions who are susceptible to the action of the poison must avoid exposure to heat, to rapid alternations of temperature, to night air and early morning air, and to fatigue. All excesses, sexual as well as dietetic, are to be avoided. The food should be simple and nourishing, and the water used for drinking must be good; if the supply comes from contaminated sources, the water must be boiled, or filtered through charcoal.

Palliative Treatment.—The intermittent fever patient, no matter how slight the attack, should be put to bed, and be made to abstain from all food until the paroxysm is over. During the *chill stage* let the patient alone, but see that he is provided with sufficient covering without weighing him down. If this stage is unusually protracted, or if the depression of the vital powers be such as to be unequal to the development of reaction, the use of stimulants, as well as the external application of warmth, are in order. Hot drinks should be avoided.

During the *hot stage* the bedclothes are to be removed as reaction advances. Cold water may be given if there is thirst. Broken ice is indicated if there is thirst and the stomach is intolerant of water, the latter being vomited. If the heat is very great, much relief may be afforded by sponging the body with tepid water; the heat is materially reduced thereby.

During the *sweat stage* little need be done. Wiping away the sweat with warm cloths, and changing the linen of the patient will make this stage much more tolerable. It is a wise precaution to watch debilitated subjects during the sweating stage, for collapse may appear, when stimulants should be promptly administered if other means (homœopathic remedies) fail.

During the *apyrexia* nutritious diet must be given; use essence of meat, beef tea, milk, and (unless contra-indicated) good wine. If gastric irritability be great during the apyrexia, enemas of beef tea (4 ounces), digested with lactopeptin, should be administered, the precaution being taken to wash out the lower bowel with a little warm water before injecting the nutritive material. In case the apyrexia is incomplete, the patient must remain in bed.

CURATIVE TREATMENT.—So far as my own experience is concerned, I rely on the single remedy selected to cover the symptoms of the paroxysm, and especially those of the apyrexia. What little experience I have had with Quinine in its various forms has been very unsatisfactory, but I must admit to having used it only in such of my cases as resisted my application of the supposed homœopathic similimum. On the other hand, both in private and dispensary practice, I have treated successfully homœopathically, a not inconsiderable number of intermittent fever patients, both primary cases and cases where Quinine had been found at the hands of others, who claim to know how to give it, inefficient to prevent relapses.

The remedies I have used, for want of space, are here only named, the different sized type indicating the relative frequency of the individual medicines.

REMEDIES.—*Acon.*, Apis, *Arnic.*, ARSEN., *Bellad.*, BRYON., Cactus grand., CALC. OST., CAPSIC., Chelidon., *Cinchona*, Coffea, Diadema aranea, Digital., Dulcam., EUPATOR. PERF., GELSEM., *Ignat.*, IPECAC., LACHESIS, *Lycopod.*, Menyanth., Mercur., NAT. MUR., Nitr. ac., NUX VOM., Phosphor., PULSAT., RHUS TOX., Sulphur, *Sulph. ac.*, *Terebinth.*, *Veratr.*

In conclusion I must add, that, wherever possible, I insist on the hygienic treatment, outlined previously, being carried out, and claim much for it. I have thus succeeded in curing when medicine alone failed, and, indeed, this last fall, I have cured a few cases by attention to hygiene and careful regimen without medicine at all. I believe in too many cases too much is expected of the indicated medicine, and too little of the indicated hygienic treatment.

SPECIALTIES.—In the treatment of all diseases of the special organs, the interests of the patient are best subserved when the specialist is a physician and the physician a specialist. DR. BIGLER in *Trans. Hom. Med. Soc. of Penna.*

DISCUSSION ON THE TREATMENT OF INTERMITTENT FEVER.

BY THE PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CLARENCE BARTLETT, M.D.

At the December (1881) meeting of the Philadelphia County Homœopathic Medical Society, the following discussion was had upon the treatment of intermittent fevers, the subject having been reported upon by the Bureau of Clinical Medicine and Zymoses:

Dr. McClatchey, having been invited by the President to open the discussion, did so as follows: The society will bear me out in the statement that my voice is not often heard in these discussions, and that I rarely refer to my cases,—least of all, to my cures. But I feel that I must not be silent, being called upon to speak, and must even do a little bragging too. On comparing my success in treating cases of intermittent fever, with that of others that I hear or read about, I feel that I have been very successful. I attribute my success entirely to this,—that I treat my cases homœopathically, rigidly adhering to the principle, *similia similibus curantur* in all cases. I follow the precepts of Hahnemann, and prescribe for the totality of symptoms. I individualize each case, and get all the symptoms together, those that are most prominent and those that are least so, the modalities, etc., and having done this, I choose that which is *the homœopathic* remedy for the case, and I find that this is, in most cases, or at least, in a very large percentage of them, Quinine. I believe that all my success in treating such cases is due to my close adherence to homœopathy.

Is not Quinine the *similimum* to intermittent fever, *par excellence?* By Quinine, here, I mean Sulphate of quinia, Peruvian bark, China, Cinchonidia, and others of that ilk. These are nearly identical so far as their pathogenetic or curative effects are concerned. I have heard quite a good many lectures on homœopathy, and one of the most frequently repeated statements, made on such occasions, was to the effect that Hahnemann, while engaged in translating Cullen's Materia Medica into German, was dissatisfied with the explanation given by Mr. Cullen as to the action of Peruvian bark in the cure of ague, and that he set himself to experiment with that drug, and, very greatly to his surprise, found that the drug, when taken by a person in good health, produced symptoms very similar to those produced in an attack of ague. This, together with other experiments, led to Hahnemann finding that drugs

would cure symptoms similar to those that they were capable of producing, or *similia similibus curantur*. Thus homœopathy may be said to have had its foundations laid on bark. Now was Hahnemann mistaken in all this? And if he was, is it not possible that he was mistaken in other things just as well, and might not homœopathy be an error altogether? But my experience proves to me that it is not, for just as Hahnemann found that bark would produce symptoms analogous to those of intermittent fever, I have found that bark, or its alkaloid, or alkaloids, will cure genuine and true malarial intermittent fever.

There are other remedies for intermittents besides Quinine, as every physician knows, and it is not always necessary to give Quinine or China to cure intermittent, as every physician knows. But there is not one, in my experience, so frequently indicated as Quinine, nor so often the *similimum* for a case of ague. In that magnificent treatise, which we should all read daily, Allen's *Encyclopœdia of Materia Medica*, you will find a complete record of the pathogenetic effects of Quinine and China, and in these records you will find nearly every symptom of a very large majority of intermittent fever cases. If I were to ask this assembly to give me the keynote or notes for Natrum muriaticum in intermittent, the reply must be: "Chill commences at eleven o'clock in the morning," and "Herpes labialis." The Quinine chill may commence at eleven o'clock, and there may be Herpes labialis also. In regard to Capsicum, I would be told that the chill "commences in the back, thence spreading," and so on. The China chill also begins in the back. The indications for the concentrated essence of bed-bugs (I confess I do not know what the indication for this delicious medicine is), a voice behind me says, "always worse at night." If that be true, the chills of Quinine may be worse at night or at many other times.

In using Quinine it is not necessary to give it in the large doses of the old school, for if you do the effect of the drug will be superadded to those of the disease, the curative effect will be crowded out by the toxical effect, and the patient is apt to be made worse. I have never been quite able to understand why our school objected so to the use of Quinine, and seemed almost afraid of it. That the old school uses it is surely no good reason why we should not. It is homœopathic to ague, no matter who uses it. The old school are almost daily making use of our remedies, and shall we abandon them so soon as Ringer, or Harley, or Phillips introduces them and their

methods to their old-school brethren? They are constantly making such experiments. There is a man almost within the sound of my voice, and his name is Horatio C. Wood, who is constantly making such experiments—rediscovering homœopathic screws. If we are to abandon our remedies so soon as the allopaths take them for their use, our whole Materia Medica is in great danger.

The physician who fails to use Quinine for ague because of its allopathic history, and with knowledge of its action, casts dirt on the graves of his ancestors, and is also belittling homœopathy.

Dr. C. E. Toothaker: In what doses does Dr. McClatchey give Quinine?

Dr. McClatchey: In whatever doses I please or think will be best in the given case. "Let no pent-up Utica contract our powers. The whole boundless continent is ours."

Dr. Toothaker: I cured a child of chills with China[30], after it had been extravagantly dosed with Quinine.

Dr. Farrington: I have been waiting for some other member to get up and reply to the remarks of the gentleman on my left. The insinuations which he has thrown out concerning Hahnemann are so outrageous that I wonder that so many did not rise, eager to defend, that the chair would find it difficult to decide as to who should be the first to reply. Is it possible that the gentleman's eloquence has wrought this wonderful effect? If so I had better sit down, as I cannot compete with him. The assertions that he has made to-night in all truth (of course he does not mean them for a farce) show that Hahnemann claimed Peruvian bark to be the remedy for intermittent fever. That is a "reading between the lines" which is rather too broad for me to comprehend. Hahnemann thought when he was translating Cullen's *Materia Medica*, that certain of the symptoms attributed to Peruvian bark were rather peculiar. So he determined he would test them. He was astonished to find that he produced the same symptoms which he had when he suffered from chills and fever. Now my good friend asserts that Hahnemann considered that, with few exceptions, Peruvian bark was the remedy for intermittent fever. Hahnemann distinctly says that China is the remedy when the chill comes so and so, the fever so and so, and the thirst so and so, and this is a flat contradiction to the assertion that Quinine is *the* remedy for intermittent fever. I deny, too, that those symptoms which he found under Quinine are as characteristic of Quinine as they are of the others referred

to. In my experience China is frequently indicated. If his remarks had ended here, I should have applauded. I find that the potency must not enter into the question at all. I do not believe in any "pent-up Utica." I have given the drug high, low, and crude. But the worst cases that I have ever had to handle were those in which Quinine had been abused. The results of the administration of Quinine are two, either a cure, which often results, I confess, or a spoiling of the case, which oftener results. If the case has been one of malarial poisoning, and is taken in the beginning, if there is no systemic taint, psoric, sycotic, or syphilitic, Quinine will often, by its power of destroying germs, prevent the manifestations of the disease. If there is anything in addition to the malarial poison, Quinine will ruin the case. The question is a broad one and is one which seriously involves homœopathy. It is a question which calls up the power of homœopathy to cure any disease in which there is a substantial poison, rheumatism, scarlatina, diphtheria, and the puerperal fevers. I never saw a clearly indicated remedy given which was not followed by relief. I have had many failures in the treatment of intermittent fever. I agree with the gentleman that it is more important to mention our failures than our successes. I do not pretend to say that I have cured every case. But when my remedy has been properly selected, it has never failed, and that remedy has not always been China. I will not be confined to Cinchona, but I will take the whole of nature's gifts, and use them according to law, and not according to empiricism.

Dr. McClatchey: I rise to correct an error on the part of Dr. Farrington. I said that Hahnemann claimed that while taking bark he produced in himself symptoms very similar to those of an intermittent fever. This he surely did say, and if he misstated these circumstances, then might he not have misstated all other things from which he and we have deduced homœopathy. I did not accuse Hahnemann of stating that bark is the chief remedy for ague. It was I who stated that on my own behalf. I find the symptoms of ague well and prominently marked in the provings of China and Quinine, much more so than any other drug in the Materia Medica, and I have abundantly proved, and seen it proved by others, by countless homœopaths and allopaths, that Hahnemann's provings and those of others are true and correct, and that Cinchona, as Quinine, is the remedy for ague, and that *similia similibus curantur* is here proven to be true. I am not responsible for the mischief which allopaths do by giving these large doses

of Quinia, and producing the pathogenetic effects of the drug to be added to those of the disease. I only wish to get curative effects.

Dr. Farrington: Dr. McClatchey said that if the father is not right in saying that Quinine is the *similimum* for chills and fever, is he not wrong in everything else? Hahnemann never said it; and, besides, what he said or did in the beginning of his work should not be charged against him; for later he said that China is the remedy when certain definite symptoms present. In one place he states that China is not the remedy for intermittent fever, because it is not even an intermittent remedy at all.

Dr. McClatchey: I don't care whether Hahnemann said that Cinchona is an intermittent remedy or not. I know that it is a remedy for intermittent fever, and does cure it, in contradistinction to the suppression or palliation it is charged with. Indeed, it acts as a true cure, and not by the suppression or palliation of symptoms.

Dr. Dudley: I expected that something would be said about Quinine to-night, and as I have a weakness for Quinine, I prepared my speech in advance. If I could get along without Quinine, as some claim to do, I could get along without homœopathy altogether. Dr. McClatchey stated that the symptoms of a majority of our cases of intermittents can be found under the symptoms of China or Quinia. I believe that this is strictly true, and, consequently, a physician who prescribes China or one of its preparations for ague, is not far from homœopathy, whether he gives it in large or small doses. Why, therefore, should men be afraid to use Quinine; is it simply because allopaths use it? Dr. Dudley then read a collation of symptoms of China and Quinia, taken from Allen's *Pure Materia Medica*, showing the prevalence of ague symptoms of all kinds in the pathogeneses of these drugs, as follows:

Chill.—In the morning; in the forenoon; before dinner; in the afternoon; the whole afternoon; in the evening; the whole day.

Chilliness.—Slight; violent; transient; persistent; constant; periodic; with cold hands; with cold feet; with external coldness; without external coldness; with internal coldness; without internal coldness; with nausea; without nausea; with vomiting; without vomiting; with thirst; without thirst; alternating with thirst; followed by thirst; preceded by heat; with heat; followed by heat; alternating with heat; over the back; over the stomach; in the stomach; over the arms; over the

legs; over the thighs; over the forehead; above the elbows; above the knees; on the chest; all over; external; internal; when walking; when sitting; when lying; when standing; in open air; in a warm room; in bed; after eating; after every swallow of drink; with heat; without heat; alternating with heat; before the heat; during the heat; after the heat; with red face; with yellowness of the face; with pallor; with goose-flesh; with chattering of the teeth; with weakness; with headache; followed by heat, then thirst; without subsequent heat, and without thirst.

Coldness.—Of hands; of feet; of nose; of left hand or of both hands; of left leg or of both legs; of stomach; internal; external; periodic; preceded by heat; followed by heat; with shivering; followed by heat, then thirst; followed by heat, then sweat.

Heat.—Preceded by coldness; followed by coldness; transient; in flashes; internally; externally; with sweat; without sweat; with nausea; without nausea; with slight thirst; with intense thirst; without thirst; of face; of abdominal region; of head; of trunk; of thighs; of cheeks; of extremities; of whole body.

Sweat.—At night; in the morning; after 3 A.M.; during sleep; after waking; incessant; profuse; cold; with feverish heat; oily; exhausting; after fever; on face; on forehead; on neck; on back; on trunk; all over; with thirst; without thirst; in warm room; in open air.

Thirst.—In the morning; in the evening; before the chill; during the chill; after the chill; before the heat; during the heat; after the heat; without heat; for water; for beer; for wine.

Nausea.—With hot risings; in pit of throat; with vomiting; without vomiting; during the chill; during the heat.

Headache.—Confusion of the head; with vertigo; with dizziness; tensive pain in forehead and orbits; heaviness and heat in the head, worse on turning the eyes; jerking pain in the temples; headache now in one part and now in another; dull, stupefying headache, as though the skull would burst; as though the brain were pressed together from both sides; as though the brain were pressed out at forehead; like a congestion in the head (this symptom ought to be italicized); violent pressive headache deep in the brain, with sense of constriction in forehead and occiput; jerking-tearing headache, worse on motion; headache, as if the brain were sore; headache, which changes its location on moving the head.

Urine.—Dark-colored, scanty, with brickdust sediment.

Pain.—Across lower portion of chest and the stomach, with anxiety and shortness of breath, and oppression; in or between the shoulder-blades; tensive and intolerable in small of back, as if crushed or bruised; jerking tearing in bones of upper or of the lower extremity, in almost every part of their length, with numbness or paralyzed sensation.

Besides these we have the jaundice, prostration, œdema, and a host of other symptoms which I have not undertaken to include. Now about the cases which have suffered relapses while taking China. I have had cases come back at the end of a week and tell me that they have had a relapse. I have had the same thing happen under Eupatorium, Belladonna, Capsicum, Arsenicum, and other remedies. The trouble is that we have not learned *how* to administer our drugs in all cases. There is a difference of opinion as to when and how to administer Quinine. I learned how to administer it from Professor Dickson. He said that the proper time was shortly before the onset of the rigor in typical cases. I have nearly always found that I obtained the best effect by administering it three, two, and one, hours before the chill. The same is true of all other homœopathic remedies. I caution the patient not to take it after the chill comes on. I am satisfied that Quinine, Eupatorium, or any other *homœopathic* remedy, if administered during the chill, will make the case worse and cause trouble afterwards. China tincture I have given in from one to five drop doses. When I am sure of Quinine as my remedy I give from one to three grains. All my cases are well with one exception, and that is the case of a lady from Washington, who caught Potomac flat chills and took immense quantities of Quinine before I saw her. I have not cured her and I doubt if I ever will. Hypertrophy of the spleen complicates the case.

Dr. Mohr: Dr. Dudley appears to make out a very good case, and I only wish that I had thought to take my Materia Medica and write down the chill and fever symptoms of Arsenicum, Baptisia, and Eupatorium. I could have done the same thing, and the symptoms would have appeared as characteristic. Until this fall I have never given Quinine in substance, although I have used Cinchona. When I have given Cinchona it has usually been for what I esteemed to be characteristic symptoms. I have always given Sulphate of quinine in potency when I found the chill anticipating. Dr. Dudley asks us why we look to allopathy in administering Quinine for

chill and fever patients. Yet he says that he learned how to administer the drug from Professor Dickson, who was an allopath. I do not believe in looking to allopaths, so far as the administration of Quinine is concerned, as I have made up my mind that they do not know how to administer it. While they can prevent chills and fever, they cannot prevent relapses. Dr. Dudley refers to the fact that Eupatorium is much like China in regard to the bone pains. My interpretation of the symptom is somewhat different; while Cinchona has jerking-tearing pains, Eupatorium has more of a broken, aching feeling in the bones. If I had jerking-tearing pains I would give Cinchona; if it was a bruised, sore feeling I would give Eupatorium. My own preference has been for giving the remedy before the chill, and stopping it when the chill begins. I would not hesitate at all to give Quinine when it is indicated. I must confess, that in the case in which I resorted to Quinine, it did not help me out. Dr. McClatchey, in his remarks, refers to the fact that he will find Natrum mur. and Capsicum symptoms under Cinchona. It is a mistaken idea to give any remedy on any one symptom. I never prescribe Natrum mur. because a man has a chill at 11 A.M., because I have cured cases having that symptom with Cinchona and Eupatorium. I do not give Capsicum because the chill commences in the back; I must have other symptoms.

DR. FARRINGTON: I have willingly admitted that some preparation of Quinine is frequently indicated in chills and fever. Dr. Dudley's quotations from the provings, giving all sorts of symptoms of chill, and fever, and sweat, do but confirm my statement.

A German homœopathic physician, quoted by Dr. Dunham, gives China when no other remedy seems to be called for. I have no objection to this method. It is a sort of reduction by exclusion. But the main issue between us, as I understand it, is whether or not Quinine is so often the remedy, so precisely similar to all, or nearly all cases, as to deserve the specific use which Dr. McClatchey gives to it.

Now a misinterpretation may be taken from Dr. Dudley's paper. Let me illustrate by two examples. Dr. Bœninghausen made the remarkable assertion that the anti-psoric symptoms may be found under any anti-psoric remedy. Dr. Hering was astonished at the remark, and he inferred that Bœninghausen said that any anti-psoric would do when psora was present. But Bœninghausen meant that these remedies were so well selected by Hahnemann that each one seemed to grasp

the whole constitution, yet there are individual distinctions in each anti-psoric which render its selection certain. I say this in order to counteract the effect of the remark that all these symptoms being under Cinchona, therefore Cinchona is the remedy *par excellence* for chills and fever. Arsenicum is a remedy that covers 90 per cent. of the symptoms of cholera Asiatica, and yet I would not say that it is to be given as *the* remedy for cholera Asiatica. The rules of the *Organon* for the selection of a drug are true or they are not true. Let the discussion turn on that. If they are true, then we must be careful how we draw inferences from the remarks of Dr. Dudley.

Dr. Mohr: I believe that the question of hygienic treatment is one of great importance. I make the patient avoid the use of stimulants. If I had to depend, in the treatment of intermittent fever, on either the remedy or hygiene, I most certainly would prefer to depend on the hygiene.

Dr. R. C. Allen: About three months ago I had a young lady patient suffering from intermittent fever. I gave her Quinine, Rhus tox., Nux vomica, Dextro-quinine, without avail. One day I went to see her, I found cold, pale face, anxious-looking, thin lips, and sweat on the face. I thought of Camphor, and gave it, and cured her. Since then I have given Camphor to every case with uniform success.

Dr. Trites: I have collated a number of sure cures for chills, such as tying a tarred rope around the waist, walking across running water, going down stairs backwards, etc. Yet when you come down to the real treatment I know of nothing upon which I have more confused ideas. I was unfortunate enough to be brought up in the midst of malaria. Just after I graduated at this college I succeeded in contracting malarial fever. I was treated by the best methods, but I shook for three months. Quinine will suppress the disease but will not cure it; yet in my practice I resort to Quinine. I cannot find cases that will go to bed, or patients that will shake three or four weeks. They say I must give relief right away. When I give it, I give it as an allopath would. I give it in two-grain doses until ten grains have been taken, generally on the day between the chills. Probably they will have no chill. After that the patient is comparatively well. I always tell such patients that they are not cured. It seems to me that by and by Pasteur will have something to tell us about this disease. There is some poison in the system which Quinine has the ability to smother, but will not wipe out. The assertion that after using Quinine the homœopathic remedy will not act,

is not according to my experience. The difference in our experience is because you do not see the disease as I see it. I have a very severe case. It is the wife of a lock-tender, who has had chills and fever since September. She sent for me a week ago disgusted with Quinine. I gave her Ipecac. and she has improved somewhat. There is a case that shows that after long dosing with Quinine the homœopathic remedy will act. I agree with Dr. Martin, that people who have once contracted malaria are never free from it. It is so in my own case. Every spring I have a periodical trouble which usually yields to Quinine, but it will return. I was in hopes that I would learn how to treat these cases. I live where we have chills and fever to perfection. I have not succeeded in curing any case excepting with Quinine or the Tincture of China.

DR. DUDLEY: Neither Dr. McClatchey nor I said that there was a *constant* curative relation between Cinchona and intermittent fever. We both insisted on the remedy when indicated, and we both asserted that there are cases when it is not indicated. The point that I wish to make is this, a homœopath should no more be ashamed to administer Quinine than he should be to administer Natrum mur. Suppose you are treating a case of dyspepsia, and the patient apparently gets well; you stop medication and back comes the trouble, in the same way as do chills and fever. In this case, has the disease been suppressed? No; you have not given your remedy long enough to do its work. I believe that cases are suppressed by Quinine, and I as fully believe that cases have been cured. I heard of one case that had been suppressed by Quinine for thirty-eight years, and reported as such by a homœopathist in New York State. The disease may come back after that sort of "suppression" by any other remedy. Let us follow the law of cure, whether it leads us to Quinine or Natrum mur., and let us use it in the preparation which we know will cure.

DR. MCCLATCHEY: I made no claim for Quinine in intermittent fevers except that which is founded on its homœopathic relations to the disease. I said that I believe my success in curing chills to be due to the fact that I always prescribe homœopathically. I do not give Quinine or China in chills, except when it is indicated homœopathically, which is pretty nearly always. I wish to tender my congratulations to the society on the very remarkable degree of unanimity exhibited in this discussion. We all seem to be of one mind on the subject, our differences being all minor and unimportant ones. If there is one physician present who has not used

Quinine, it is not because Quinine is not homœopathic to ague, but it is because certain medical popes or bosses have said he must not use it, and that it is not homœopathic to ague at all. Now, I take no stock in medical popes or bosses, and I do not even believe in the blind worship of Hahnemann and his opinions simply because they are his. I do believe in the truth, and always try to find it. If there is anything true in homœopathy, it is that Quinine is homœopathic to fever and ague,—it presents the periodicity, the alternation of states, and all the symptoms ordinarily presented by an attack of intermittent fever, more so than any other remedy. It has the symptoms that have made other medicines famous in intermittents, such symptoms as have passed as the keynotes to these remedies. I referred to a number of these from memory, but Dr. Dudley has taken the time and trouble to collate the symptoms from Allen. Dr. Mohr says he could do the same with other remedies, such as Arsenic, Pulsatilla, Eupatorium, etc. I think not. Ars. would fill a good many such symptoms, but not so many as Quinine. If I had *suppressed an ague*, or a diarrhœa, for thirty-eight years, I should feel that I had done a good thing. I think Quinine *cures* ague, and not merely suppresses it. If my patients have a relapse after a given time, I give more Quinine; if they relapse again, I give still more. If I find that they return again and again, in spite of Quinine, I try something else, whatever I think is best indicated homœopathically, and having done this I feel that I have done all I can. Some cases won't get well, and some patients must die. Such frequent relapses are rare; I don't know that I ever saw even one. I give Quinine in the 1st and 2d decimal trituration up to five grains of the pure drug. My favorite dose is pills of two grains each, once a day, for a week or two, and then wait future developments. Lately I have been using two-grain pills of Cinchonidia with very good effect. I prescribe homœopathically, but how the medicine acts when in the system I don't pretend to know. I don't know that any one does. *Similia similibus curantur* is only the guide for the selection of the medicine.

I do not wish to be held responsible for the heavy drugging of the old school. They have the right remedy, but, as is often the case with homœopaths, the wrong dose.

It is rather late in the day to deny the curative powers of Cinchona in ague. I have read somewhere, that in the seven years preceding the introduction of Peruvian bark into Eng-

land, there were 15,000 deaths from ague, while in the seven years after its introduction there were but 13 deaths. Now, Sidney Smith has said that there is nothing more fallacious than facts, except figures; but surely such a table means and proves something, especially when Quinine has carried the banner to this day despite all the abuse heaped upon it.

SCIATICA.

BY C. R. NORTON, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

It seems in this disease that predisposing causes do not enter so largely into its production as in most other neuralgias, yet it cannot be denied that premature old age, or loss of tone in the system from any weakening cause, does tend to the development of sciatica.

The male sex, particularly in middle life, is more liable to this affection, doubtless from the greater exposure to hardships. Cold weather brings with it more cases, and atmospheric influences are potent in precipitating an attack. Then, too, the situation of the sciatic nerve renders it especially liable to injury. An attack of sciatica may be brought on by catching cold, by injuring the nerve, or by violent exertion of the lower extremities. We may have, besides, an attack caused by disturbance of the venous circulation, which most likely produces irritation of the sacral plexus; and mechanical pressure either upon the nerve from without or from within the pelvis is sometimes sufficient to create the disease.

The anatomical changes that have been noticed are not constant, but the most common form is neuritis. We find symptoms of sciatica attending diseases of the vertebræ, of the spinal cord, and a number of other affections. Erb says, what I think is of special interest to us, that *suppressed foot-sweat and healed eruptions* may occasionally lead to sciatica.

Upon coming to consider the symptoms of the disease we find certain premonitions in the shape of formication, dull dragging pains or stiffness in the affected limb. Sooner or later the actual attack occurs. The pain is paroxysmal, very violent, of a tearing, lancinating character, and following the course of the nerves. It appears at different points in the course of the nerves, and changes locality from time to time. The pain is commonly seated in the skin, but it may lie deeper. The intervals between the paroxysms of pain are usually not

entirely free, but there is more or less dull pain and heaviness in the affected part. The most violent attacks occur, as a rule, at night.

We find in a person suffering from sciatica, the utmost caution observed as regards movements of the body. Motion of the affected limb aggravates the pain excessively. When once a comfortable position has been secured it will be maintained for hours, as the slightest movement may bring back the pains in full force. We notice too, in sufferers from this affection, a gait in walking that betokens the care taken to avoid the least jar or twist of the painful extremity.

The part of the limb affected varies according as the different nerve-branches are implicated. The most common seat of the pain is, however, in the posterior surface of the thigh.

Points painful to pressure are usually observed along the course of the nerve or its branches.

Sometimes during an attack the pain radiates to the sciatic nerve of the other side, and occasionally into other nerves. Cramps of the muscles of the affected limbs is not uncommon.

As a sequence to the disease, paralysis, more or less complete, may take place; so, too, may atrophy occur, to a slight extent, where no marked paralysis exists, and to a great extent where the paralysis has been well marked.

Regarding the duration and termination of the disease, it may be said that sciatica is often extremely tedious, though it usually ends in recovery.

Simple cases may last a few weeks, but severer ones last for months or even years. When improvement begins it is slow and relapses are frequent. After recovery it is a long time before the leg is restored to its former condition, and for months or years afterward certain changes in the weather are apt to excite more or less pain in the limb.

In the diagnosis of sciatica great care must sometimes be taken to avoid confounding the disease with muscular rheumatism or hip-joint disease. Especially is this the case when a diagnosis is to be made between nervous hip-joint trouble and sciatica.

It is, too, of importance to diagnose the seat of the neuralgia, to say whether the disease is situated in the periphery, in the plexus, in the roots, or in the central parts of the nervous system.

The prognosis in sciatica is favorable for rather speedy recovery in recent rheumatic or idiopathic cases, but in slowly developing cases, associated with anæsthesia, paralysis, and atrophy, it is not so good.

Case of Sciatica.—Mr. W——, aged sixty-five years, has always been a hearty, strong man, with but few attacks of illness. Contracted rheumatism (acute inflammatory) when a young man from working in a wet place. Five or six years ago had a sharp attack of neuralgia of the face. In August, 1880, a diarrhœa set in, which lasted into the winter; it weakened him considerably, but he did not consider himself ill enough for treatment. About the middle of November he began to have a numb sensation in the right hip and thigh. This feeling would come and go, but was always worse in the evening and until about midnight. Then he would fall asleep and have a comfortable night's rest. About the first of December he experienced, one evening, a very severe lightning-like flash of pain through the hip and thigh, going into the calf, and followed by cramp. For a few days after this the former numb sensation returned, but soon there came every afternoon, from 4 to 6 o'clock, a steady, hard, pulsating pain in the posterior part of the thigh, running down the calf and over the top of the foot. This pain would last till about midnight. There were at this time painful points posteriorly in the upper third of the thigh and in upper portion of calf. The entire leg would be very hot at times through the day.

I first saw this gentleman on the tenth of December. He then was suffering very greatly. The pain had been of a "dead" sort the previous night, but had been darting at times. He gets some relief on sitting up, but the pain is greatly increased by motion. Heat lessens the pain There is some tendency to cramp in the calf. Gave *Rhus tox.*[200].

The next day, having considered the symptoms more carefully, I gave *Colocynth*[200], and some days later *Colocynth*[θ] in water.

The symptoms did get rather worse during this time. He gave up going to bed and sat in a large chair all night. Sleep was almost impossible, though there was some alleviation of the pain after midnight. An unguarded motion would cause the most excruciating agony. The feet and legs swelled considerably. There was, however, no greater disturbance of the general system than loss of sleep and the pain would naturally produce.

On the seventeenth of December he seemed a little easier on the whole. He could not, however, in stepping, bear his weight on the foot of the affected side. *Arsenicum*[200] was then given, and after a few days *Arsenicum* 2[x] in water. This remedy appeared to mitigate the suffering somewhat, but he could not yet lie down.

On December 27th I gave *Cocculus* 3×. This remedy certainly helped him very much. In a few days he was enabled to go to bed and sleep part of the night, and from this time the improvement was uninterrupted. The swelling of the lower extremities disappeared as soon as he could lie down part of the time. For weeks after the recovery was progressing the painful points remained, and the numb and hot feeling remained from time to time. In fact, to this day, though he is now in excellent health, there comes from time to time, with changes of the weather, the old feeling of numbness and the hot sensation in the thigh.

DISCUSSION ON SCIATICA.

BY THE PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY C. BARTLETT, M.D.

Dr. Mohr gave the history of an aggravated case of sciatica that had come under his care the preceding week. It was that of a man who had been suffering for nearly a year with scarcely an intermission, although there were times when from exposure to damp, etc., the paroxysms were more severe. He had electrical treatment. He had had hypodermic injections of chloroform and of morphia without any effect. The actual cautery was tried without avail, and then he was recommended to try nerve-stretching. To that he would not submit. So as a last resort he comes to Homœopathy. Dr. Mohr gave him *Bryonia*, with what effect the future only can tell. Bryonia was a good remedy in sciatica. Only a few weeks ago he had treated a gentleman who three years ago suffered from sciatica, and was for five weeks unsuccessfully treated by an old-school physician. He then fell into the hands of one of our lady practitioners, who cured him in three days. He remained well until a few weeks ago, when he was taken to bed with what appeared to be a mild form of malarial fever of a remittent type. After four or five days' illness, he felt sure that he was going to have an attack of sciatica as severe as the one three years before, as the development of the symptoms was the same. The symptoms of *Bryonia* were very well marked. The pains extended across the lumbar region and down the posterior aspect of the thighs as far as the knee. The paroxysmal pains along both sciatic nerves alternated; when almost complete relief was experienced by lying on the right side, then the left side would become so painful as to compel him to

move and rest for awhile on that side, although motion was very painful. He had a white-coated tongue, marked thirst, feeling of faintness on rising from a lying posture, and some vertigo. He received *Bryonia*[3] and has not had any pain since. Although denied by some, Dr. Mohr believes malaria to be an exciting cause of sciatica, and related another case in illustration—that of a woman with remittent fever and heart complication. In that case the sciatic pains were relieved very promptly with *Belladonna* and afterwards with *Pulsatilla*. She died finally of hydropericardium under old-school treatment. Dr. Mohr had recently met with a case of severe pain along the course of the sciatic nerve in a case of morbus Brightii, and another in a case of diabetes, and in this connection he referred to Braun's statement that diabetes is often observed as a symptom of sciatica. *Colocynthis* is a remedy of no mean rank in this disease, and cured for Dr. Mohr one of the most typical cases of sciatica he had seen. This was a man who had been a sufferer for eight years, and who has now been well for seven years, a threatened relapse about two years ago yielding again promptly to Colocynthis[3]. In this case involvement of the abdominal nerves led to the choice of the medicine.

Dr. Morgan: *Pulsatilla* is a good remedy in sciatica when the patient turns over to get relief and the pain goes to the uppermost side. *Bryonia* is indicated where there is fixed pain relieved by lying on the side that pains. It resembles *Rhus tox.* and *Ferrum*, in that the patient is made restless by the severity of the pains. *Bryonia* is made better by keeping the parts quiet by pressure. Dr. Morgan had used *Ferrum metallicum*[200] in sciatica, with good result; *Bryonia*, he thought, might be used advantageously oftener than it was.

He was a believer in some of the common remedies which in past times had effected cures and proved the Samsons of the earlier homœopaths. He thought they often proved efficacious in cases where, of course, the patient was properly nursed and taken care of. Reference had been made to the tendency of patients suffering from sciatica to turn first on one side and then on the other, experiencing temporary relief from a change of position from the well side to the side affected; that relief resulted, he observed, from the pressure on the part affected.

The bed pressing against the side served the purpose of a bandage, keeping things quiet, and checking the *plus* nervous and muscular action in the part affected. Where the pain resulted from what might be called *minus* action, as in another

class of diseases, the movement or manipulation cure had been resorted to with good effect.

The same results could be produced by gentle flagellation of the parts with an ingeniously constructed instrument consisting of three or four thick strips of India rubber, from seven or eight inches to a foot in length, fastened firmly into a handle. By slapping the parts affected, with these instruments, three of which the doctor exhibited, a glow was produced and relief could always be obtained.

Dr. William A. Reed, in response to a call from the President, said that he had used *Gelseminum* in sciatica in moderate doses, consisting of four or five drops of the tincture, at intervals of from two to four hours, and in some instances had had prompt results. He mentioned the case of an epileptic suffering from sciatica, who had taken large doses of Morphia and Bromide of potassium. Both these drugs were removed. Instead, four or five drops of the concentrated tincture of Gelseminum were put in a tumbler half-full of water. The first day his sufferings were great. On the third day he had but little pain, and on the fourth none at all, and from that day to this he has been free from sciatica. He formerly regarded *Colocynth* as a specific, but later experience had taught him that he could place more reliance on *Gelseminum*. In some cases he had been obliged to resort to hypodermic injections of Sulphate of morphia.

PROFESSIONAL PLAGIARISM.

BY E. P. SWIFT, M.D., MILLBROOK, N. Y.

Ever since the practice of homœopathy has found favor in the eyes of an intelligent and observing laity, it has been untiringly assailed and opposed by members of the other school of medicine everywhere.

When it is the constant endeavor of the advocates of a long-accepted theory to browbeat and ridicule those who attempt the introduction of a new one, and who, by reason of their fewer number, cannot by mere power of persuasion obtain influence, it is proof that they see in the newcomer a vitality which, at no very distant day, will cause it to develop into a formidable enemy.

As has always been the case, when opposition has been brought against truth and right, the cause of the latter has rather been benefited than otherwise by this treatment, and now Hahnemann's theory, as a system of medicine, is known and accepted by people of every class throughout the world.

As the members of the dominant school have come more and more to realize the efficacy of the small doses, and the eagerness with which they are substituted for their own nauseous compounds, they have been compelled to assume the defensive, and while they deny with amusing vehemence that homœopathy has influenced them in the least, have reduced their dosage enormously, and modified their practice so as to conform more nearly to the usages of the new system. These facts are well known to all, and we have heard it said repeatedly that if homœopathy were to pass out of existence to-day, it would still have wrought a wonderful benefit to posterity, solely by its modifying effect upon the ancient practice.

While these changes have been going on our cause has been steadily upheld by an ever-increasing number of earnest men and women, until, with a history extending over less than a century, we have, with few exceptions in this country, an equal footing with those who, following the circles of their fathers, have wandered in the wilderness of empiricism for two thousand years.

We have quietly allowed, thus far, those who chose to do so, to adopt our practices and claim them as their own discoveries, or the results of original research. The practical treatises of Ringer and Bartholow abound in instances of this, and it is interesting to see the display of ingenuity in accounting for the prompt action of the minimum dose in some other way than by the law of the similars. This is daily becoming more common, and it becomes a question of some importance with us whether we are to permit the wholesale appropriation not only of our dose, but of our remedies and their indications, without so much as saying a word to signify to the people the source of either.

To publish the original productions of another without giving credit to the author or previous publisher, is considered by journalists the height of discourtesy, and there is every reason why doctors should be as gentlemanly as their brethren of the press. Journals of opposite political opinions may each disagree with and contest hotly the position of the other, but for either to gradually face about and copy the other's editorials without credit, claiming them as original, would ruin forever its reputation as a medium of independent thought.

In illustration of the unscrupulousness of some members of the medical profession in this matter let me make one or two brief quotations from an article which appeared recently in the *Medical Record*, by a prominent physician of the old school,

in New York. His attention was called to the efficiency of small doses, he says, by Ringer's suggestions, and his practice among children made the use of bad-tasting medicine unadvisable. With the air of one who has made a valuable discovery, he writes thus of Tartar-emetic in bronchitis:

"There is a form of bronchitis seen amongst children where a large number of coarse, mucous râles produce loud wheezing, with an asthmatic quality of cough. The wheezing is the symptom that the mother is most likely to complain of, and, together with the cough, is most intense at night, but almost entirely disappearing during the day. Such cases very readily yield in my practice under the use of Tartar-emetic, given in solution, in the proportion of *one grain to the pint of water.*"

Shades of the immortal Galen! Let us hear no more about "medicating Lake Erie with an ounce of extract." This might all have been copied from a homœopathic Materia Medica fifty years ago.

He goes on to speak of the benefits from the use of small doses of aconite to reduce temperature, and delights his astonished readers by the recital of a case of syphilitic cephalalgia cured in thirty hours by the exhibition of less than a dozen powders containing *one-sixtieth of a grain of calomel each,* and that after treatment by massive doses of Mercury in an exactly similar case had utterly failed.

The wonderful action of Nux vomica in minute doses as a cure for sick headache from gastric catarrh, as well as in "many other disturbances of the gastric functions," is spoken of with admiration, and other remedies in common use with us are given, with symptoms as in our therapeutic works.

He concludes: "If I am asked to explain on what principle these small doses act in certain diseases, I reply on the principle, so far as known, of actual experience. (!) This is all we know about it." Perhaps; but if you have read homœopathic authors enough to make even this clumsy use of their remedies and indications, you must certainly have become familiar with their rule of practice, and could have said more truthfully: "We know the principle, but to admit its truth would be to acknowledge ourselves homœopaths, and insure our dismissal from the ranks of the 'regulars.'"

The policy of these men seems to be to gradually conform their practice to the rule of Hahnemann, and claim great credit to themselves for the reformation. Already one of their leading journals in the South has called attention to the fact that medicines are rendered more efficient by thorough trituration;

and if they have advanced so far as to acknowledge the superiority, in many diseases, of minute doses of the crude medicines they but recently gave in such quantity, who shall say that the next generation will not hear them sounding the praises of the 3d and 6th, or even the 30th and 200th. They will find no more difficulty in explaining the action of these by their newly-adopted principle of "actual experience," than in the case just alluded to.

An enterprising pharmaceutical house, quick to perceive the tendencies of the times, has delighted the doctors, and put itself in the way of a most prosperous business, by putting up a large number of useful remedies in the form of minute sugar-coated pills, by means of which not only small but tasteless doses may be administered. They quote eminent authorities to show that the age of empiricism and massive doses has passed by, and while insisting that scientific men must apply their remedies to the varying indications of disease, and in minute quantities, quiet the consciences of their patrons by affirming that this is not homœopathy. Since the medicines, in most cases, are given for symptoms exactly the opposite of those which they produce (for example, Merc. in diarrhœa, Merc. cor. in dysentery, Ipecac. in vomiting, etc.), and in accordance with the indications recorded long ago by our provers, it would be a satisfaction to know, if this is not homœopathy, what homœopathy is.

But the question may properly be asked, if members of the old school are plagiarizing to such an extent, are they more guilty than we have been in appropriating to our use the results of their researches in pathology, and the various collateral sciences of medicine? I think so, for several reasons. In the first place, our success in treatment, or growth as a school of medicine, has not been due to superior knowledge of these sciences at all, but to the careful application of remedies to disease in accordance with a definite law of cure, the value and universal application of which was first recognized and proved by Samuel Hahnemann.

When we have not, as it is true in some cases we have not, given credit where credit was due, it has been more owing to neglect than a dislike to admit the source of our information, and where the reputation of the authority as a discoverer or originator made it a matter of common courtesy, I doubt if this neglect has been serious. In no case have we adopted as our own and published, as the results of original investigation, their remedies and the methods of their application in disease.

As we see the gradual nearer approach of allopathy to our own system, it becomes us to maintain our position, without wavering, looking forward confidently to the time when even to their eyes, long dimmed by prejudice, shall be unfolded the full significance of the truth expressed in the oft-repeated formula, "Similia Similibus Curantur."

OBSERVATIONS ON ONE HUNDRED AND EIGHTEEN CONSECUTIVE CASES OF TYPHOID FEVER.

BY W. J. MARTIN, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of Pennsylvania, and published in this journal in accordance with a special vote of the Society.)

In the early part of March of last year an epidemic of typhoid fever broke out in that part of Pittsburgh known as the South Side, and for some time spread with alarming rapidity. After a month or six weeks the disease began to decline, but has never been entirely stamped out. Since that time my visiting list has never been free from the names of typhoid patients.

During the early part of the epidemic there were a great many deaths, but nearly all, I believe, under old-school treatment. From the time of the appearance of this epidemic until the same time the next year, it fell to my lot to treat 118 patients, of whom but two died, a death-rate of less than two per cent.

In this paper I do not purpose to enter into a description of this familiar disease, but merely to give some observations upon the disease as I have met it, and the treatment my cases received, the results of which have been very satisfactory. It has been the good fortune of but few to have less than two deaths in 118 consecutive cases of typhoid fever.

Dr. William Pepper, of Philadelphia, in a paper published in the *Philadelphia Medical Times*, of February 12th, 1881, reports 100 consecutive cases treated, with 97 recoveries. Ellis, in his *Diseases of Children*, says one-fifth of the cases of this disease in children result fatally. Ziemssen's *Encyclopædia of the Practice of Medicine* gives the mortality in some reports published as high as 40.7 per cent., ranging from that down to 12.2 per cent. We, as homœopaths, should feel gratified that we can give reports more favorable than any yet published by our old-school friends.

The recognition of typhoid fever is, as a rule, not a difficult matter, but, where any doubt exists, it is best to consider the case as typhoid until positive it is something else.

The course of the fever, in my cases, was usually as described in the textbooks, the temperature steadily increasing day by day, for the first seven or eight days, at the rate of from one-half a degree to one degree per day. For the next ten or twelve days, or until about the twenty-first day, the fever was continuous, with about a degree or a degree and a half difference between morning and evening. For the next seven days, or until the end of the fourth week, the fever declined rapidly, the temperature after a few days being little above normal in the morning, but coming up several degrees in the evening. In many cases the temperature reached its maximum at the end of the first week, was continuous the second week, and after the fourteenth day declined, and reached the normal on or about the twenty-first day. In some few cases the temperature rose gradually from the first to the seventh day, and on the eighth day there would be a marked decrease, but it would go up again gradually, and on the fifteenth day would be as high as, or higher than, on the seventh day, but would fall suddenly, only to gradually re-rise until the end of the twenty-first day, after which it would rapidly reach the normal. Some cases started out with a sudden high temperature of 103° to 104°. In these cases the fever seemed to be at or near its maximum at the start, and, if the treatment was well selected, soon began to decline. In several cases there was scarcely any rise of temperature or increase of pulse, the latter at times being subnormal, yet all the other symptoms, and the general condition of the patients, left no doubt but that these were cases of typhoid fever without any fever.

The highest temperature I observed was 106°, taken about four o'clock in the afternoon. The case recovered. Another patient, having a temperature of 106° at nine o'clock in the evening, also recovered. In many cases the temperature during the third week, taken in the morning, was 104°; what the evening temperature was I do not know by actual observation, but, from the well-known history of the course of the disease, we can feel quite positive it was 105° to 105.5°. I did not then, and do not now, except in very rare cases, visit typhoid patients oftener than once a day. I think it is unnecessary, and when a physician is attending thirty or forty cases, or even a much less number, it is impossible.

I say that I do not think it necessary, as a rule, to visit typhoid patients oftener than once in twenty-four hours, notwithstanding we have no less an authority than Professor Liebermeister, in his excellent, exhaustive, interesting, and instruc-

tive article on typhoid fever in Ziemssen, using these words: "Any physician who does not make two or more observations of the temperature every day neglects his duty. To measure the temperature in the rectum, or even in the axilla, requires so little time that a physician who does not have the requisite leisure can hardly treat such a patient at all."

Professor Liebermeister is undoubtedly a man of great ability, but as showing that it will not do to adopt everything he says, and that smart men sometimes say very foolish things, witness also the following which occurs in the same paragraph with the above: "The use of the thermometer in private practice, showing as it does to unprofessional persons the importance of the rise and fall of temperature and the effect of treatment on the fever, has more than anything else narrowed the field of homœopaths and charlatans." If this were true in the time and place where written, it is not true in this time and in this country. I have met two physicians who do not use the thermometer, and both are allopaths.

In a few of the cases the bowels were constipated throughout the entire illness. These were the cases in which there was the least concern felt as to the result. In five cases there were intestinal hæmorrhages; all recovered. About an equal number had bloody stools, and two had uterine hæmorrhages; these also recovered.

Delirium, when violent and continuous, made the prognosis very grave, yet I felt that if the diarrhœa could be kept under control, and the temperature kept within safe limits, the case would come through all right, and I was not disappointed. I think we must regard persistent and excessive diarrhœa as the most dangerous symptom in a case of typhoid fever, whilst the opposite condition of the bowels is a most favorable symptom. Jahr says he had not lost a single case in whom the bowels remained costive up to the time of the crisis. Hering said he did not regard with concern the non-appearance of a stool even in the third week, and that the same applies in childbed.

I wish to remark here, that in all the cases of typhoid fever I have treated, I have not observed, in one single instance, what I understand to be a crisis. On the contrary, the fever rose gradually, remained for a time at its height, and gradually declined. I like the teaching of Raue on this point, who lays down the following as his conclusions: "The right remedy cures a disease without a crisis, and thus we have an indisputable proof that the selected remedy was *the* remedy. When,

after the administration of a homœopathic remedy, a crisis takes place notwithstanding, we may be sure we did not hit the case, and that the patient got well without our aid. When no crisis occurs, and the patient gets worse and worse, it is clear that we did not find the right remedy, and we may even have spoiled the case by wrong means."

In the treatment of these 118 cases thirteen remedies were used, which I shall name in the order of their importance, the first named being used in the greatest number of cases, the last named in the fewest cases: Bryonia[3], Rhus tox.[3], Phos. acid,[12], Baptisia[3], Hyoscyamus[30], Arsenicum[3], Phosphorus[6], Nitric acid[3], China[3], Stramonium[30], Hamamelis θ, Secale θ, and Carbo veg.[6]. The last four remedies, Stramonium, Hamamelis, Secale, and Carbo veg., were used in but one case each.

Bryonia was always indicated in the beginning if the bowels were constipated, and the bowels would almost invariably be constipated unless purgatives had been employed and a diarrhœa produced, which, I think, we may look upon as a most unfortunate state of affairs in the beginning of a case of typhoid fever. If the bowels had been costive, and the patient had produced a diarrhœa by drugs, and all the other symptoms still called for Bryonia, that remedy was given. If no purgatives had been employed, and diarrhœa was present at the outset, Baptisia was given in almost every case.

Nearly all cases were constipated for the first week, and fortunate are we if they continue so in the second and third weeks, but it is not often they do so. As soon as diarrhœa would set in Rhus was given, and in a large majority of cases controlled the diarrhœa, kept down the temperature, and quieted the delirium. Where it failed to quiet the delirium, Hyoscyamus was substituted, provided the condition of the bowels did not call for something else. In some cases the Hyoscyamus was interpolated, being given each third dose. This was very satisfactory. Where Rhus failed to control the diarrhœa, and the stools were yellow, watery, windy, and painless, Phos. acid never failed. Many cases were treated almost or quite entirely with Phos. acid. The patients did not complain, tongue not very dry, and the diarrhœa light-colored and painless, preceded by borborygmus and accompanied by considerable noisy flatus.

If after Rhus the diarrhœa continued unmodified, was dark in color and very offensive, Arsenicum was resorted to.

Baptisia, much lauded by some, was not used much, for the reason that usually some of the other remedies were indicated.

Where nothing else seemed indicated Baptisia was given, by exclusion as it were, and was generally continued throughout the case; it seemed to have a modifying influence, but I could never see that it was capable of producing such striking results as Rhus or Arsenicum. Rhus, I think, leads the list of typhoid fever remedies after the Bryonia period has passed.

For the frequent urging to urinate, with burning and scanty discharge, which occurred in a number of cases, Arsenic was always given, and almost always brought speedy relief. If there was retention—a condition which should be looked for daily—the catheter was the best remedy, used twice a day, though in one case I withdrew the urine but once a day, and she got along as well as the others; yet, I think, this was not often enough, but mention it to show that it is not a fatal error to allow the bladder to remain unemptied for twenty-four hours.

Phosphorus was given in those cases complicated by pneumonia, and with the most gratifying results; Nitric acid in intestinal hæmorrhage, and was sufficient except in one case. This case I was called to see after it had advanced into the second stage. He was put on Arsenic, which was continued for four days, when, several slight hæmorrhages from the bowels occurring, he was put on Nitric acid, and the following morning I was shown a large vessel, holding several quarts, filled with blood passed during the night; the patient was blanched and covered with cold sweat, the pulse weak and slow, and the temperature, which had been 104°, was down to 101°. Hamamelis θ, ten drops in a tumbler half full of water, two teaspoonfuls every hour, was given. In the evening the report was that the bowels had not been moved since my morning visit. The prescription was continued unchanged, and the bowels did not move that night nor the next day, but during the next night fully a half-gallon of dark, partly clotted blood was again passed, and at my morning visit the patient appeared almost exsanguinated. Hamamelis θ, as before, was continued in alternation with China^3, a dose every hour. The next time the bowels moved, which was a week or more after this, the stool was natural. He made a good and, considering his condition, a rapid recovery.

Secale was given to one case,—a woman who took fever soon after delivery. Her case was a remarkable one; diarrhœa was present from the outset, soon pneumonia set in, and with it delirium, and then hæmorrhage from the bowels. Under the persistent use of Phosphorus the bowels, lungs, and mind

were improving when hæmorrhage from the womb occurred. Secale[3] was given and the flooding ceased, but about every four or five hours she would have a slight pain in the uterus and discharge from the vagina a pear-shaped clot of blood, showing that the uterus was not firmly contracted. This state of affairs continuing unmodified for several days, I dissolved twenty drops of the fluid extract of Ergot in a half glass of water, giving two teaspoonfuls every hour. This was continued for more than a week, the clots discharged becoming gradually smaller and less frequent, and finally ceased. The Secale θ was continued for several days after the discharge of blood had ceased, alternated with China, after which she took China alone for a long time. This woman's evening temperature for four weeks or more was from 104° to 105°, and for fully two months her pulse was never below 120. Her convalescence was very tardy, but she is living and well to-day.

Carbo veg. was given in one case for gangrene of one side of the face and neck, which occurred in a little girl during convalescence. Arsenic and Secale were also used. She died. The walls of the jugular vein were destroyed, resulting in fatal hæmorrhage. I have not found a similar case recorded in medical literature. This was one of the two fatal cases; the other fatal case was a young man. He was doing well, not a single untoward symptom being present, when suddenly he was seized with intense pain in the abdomen, shooting down to the end of the penis; along with the pain there was vomiting of enormous quantities of a bitter watery fluid, the color of green bottle glass; his pulse and temperature fell below normal; he was bathed in cold perspiration, his face pinched, a picture of collapse. Everything introduced into the stomach was ejected. Warm fomentations were applied to the abdomen and the pain gradually ceased, but it would be renewed on the least motion, as would also the vomiting, but the latter continued to occur even though he did not move. This state of affairs continued for forty-eight hours, when he died. He passed into another physician's hands a few hours before he died, else I might be able to report the post-mortem. A case presenting many symptoms similar was reported by Dr. J. H. McClelland to the Allegheny County Anatomical Society, last winter, in which Dr. Harris, of New Castle, Pa., made a post-mortem and found the duodenum gangrenous.

What the diet of typhoid fever patients should be is a question upon which medical men differ considerably. It is almost

useless to try to lay down any rules on this subject, as there is such great difference in the likes and dislikes of patients. And yet it is a matter of the greatest importance. That no solid food should be allowed is agreed to by all, liquid food being alone safe. Milk leads the list, and if the patient likes it, and it agrees, we will hardly need anything else. But fully half the cases I have met will not drink milk, and some vomit after drinking it. The same is true of beef-tea, more patients dislike than like it; some get sick and vomit after taking it, others, again, suffer diarrhœa after it. Each patient, as regards his feeding, must be treated according to his individual peculiarities; if he will take milk freely, and it does not disagree, all the better. Some of my cases took regularly two quarts of fresh sweet milk per day. If they will take beef-tea, and we can discover no ill-effects follow, let them have it cautiously. I think it has a tendency to keep up the temperature, as also do liquors, and whatever does this should be cautiously used. The reduction of strength and rapid emaciation is not so much due to the patients not eating as to the elevated temperature. Anything that will keep down temperature will preserve strength; anything that will cause elevation of temperature will increase prostration and diminish the chances of recovery. My patients were treated very largely on the starvation plan, water being allowed *ad libitum*, and milk, also, where it was relished and assimilated. No forced feeding was practiced. Beef-tea was used in all cases that would take it, but not early in the disease. Whiskey in milk was used in some few cases, and pure whiskey when the heart showed signs of weakening, or if there were signs of the nervous system giving out. Wine was used with marked benefit. It was given only after the fever had begun to decline and during convalescence. The point to watch all through the fever, and for a considerable time afterwards, is that the patient does not eat too much. I think I give the experience of every physician when I say I have seen serious and even fatal results follow the giving of too much or improper food, but I have yet to see the case that has suffered to any serious extent from not getting nourishment sufficient.

Sponging the entire body with cool or tepid water every morning and evening, changing the patient's clothing and the bedclothes frequently, ventilating and airing well the sick-room, and forbidding visitors from calling or talking with the patient, were matters as carefully watched and strictly enforced as possible.

RAPID LITHOTRITY.

REMOVAL OF 1875 GRAINS OF URIC ACID CALCULUS IN TWO SITTINGS.

BY CHAS. M. THOMAS, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of Pennsylvania, and published in this journal in accordance with a special vote of the Society.)

PROBABLY no established surgical procedure has ever undergone a greater revolution than has lately taken place in the crushing operation for stone in the bladder, and all through the introduction by Professor Bigelow, in 1878, of his so-called litholapaxy.* In point of fact, indeed, this should be looked upon as a new operation in surgery; for, although some have claimed that it is only a revival of the procedures of Heurteloup,† Cornay (1843), Amussat,‡ Cover, and others, still their operations were so limited and defective, both in performance and character of instruments employed, and based upon such entirely contrary views with regard to the tolerance of the urinary apparatus, as to scarcely merit a comparison with what Professor Helmuth, at the last meeting of the American Institute of Homœopathy, insisted upon calling "the American operation."

Thus, by the older method, the removal of any but the smallest stones was the work of weeks and months, while, by the modern, it is reduced to hours and minutes. Under the former, instrumentation within the bladder was restricted to a few minutes' duration; under the latter, hours may be consumed at the work with impunity. Ordinarily, the fragments made by the lithotrite are left within the bladder to await gradual expulsion by natural means, or, at most, but timidly and imperfectly removed by instruments; while, by the new method, the pieces are boldly and entirely extracted by the operator, thus relieving nature of all concern in the matter. Again, in Bigelow's method, during the mechanical evacuation, catheters are passed through the urethra of a calibre before quite unheard of. Finally, the crushing of a stone by this method is not contraindicated by any pathological conditions of the urinary organs, which is also a point in marked contrast to the old or "many sittings" method.

Up to within a short interval, about 130 cases of this operation have been reported in Europe and America,§ with a

* American Journal Medical Science, January, 1878.

† Lithotripsie sans fragments au moyen de deux procedes de l'extraction immédiate, etc., 1846.

‡ Memoir sur la Lithotritie en une seule séance, 1853.

§ The most complete collection of cases is given by Keyes in the American Journal Medical Science, April, 1880.

mortality of about six per cent., which, as compared with the death-rate in ordinary lithotrity of seven per cent., is a most remarkable showing when it is borne in mind that many of these cases included stones in size far beyond any ever attempted under old lithotrity.

And more than this, with such a record, we may not unreasonably expect to find the domain of lithotomy restricted, in the adult, to cases of stones of very great size. Indeed, since a stone of two and one-fourth inches in diameter has already been successfully dealt with by Bigelow (one inch being the limit for the old operation), it is fair to suppose that the time is not far distant when the performance of lithotomy upon the adult will be an occurrence of extreme rarity.

The following case, which is the third in which I have used Bigelow's method, I offer for what it is worth, as a contribution to the now rapidly increasing experience in this operation.

No case, to my knowledge, has yet been reported which better demonstrates the advantages claimed for the new operation, viz.:

First. The ability to successfully deal with very large calculous accumulations by crushing.

Second. The tolerance of the bladder to prolonged manipulation.

Third. That the presence of irregular fragments within the bladder is by far more harmful than prolonged instrumentation.

It will be seen that in the following case there were removed in two sittings, of a total of five and one-third hours, 1875 grains (dry weight), while the largest yield reported by Bigelow* was 1802 grains in three sittings, of a total eight and one-half hours, 124 grains of which were passed naturally after the operation. In my case the few crumbs passed afterwards were not collected.

In my second sitting over 1300 grains were removed, making several hundred grains more than the result of any single sitting I know of. The only case of which I have knowledge in which the total amount of stone obtained was greater than my own, is the very remarkable one reported by Thomas Smith,† of London, in which four ounces, or 1920 grains, of stones were washed out in forty-four minutes. Three ounces of this amount, however, were evacuated without the aid of a lithotrite, the calculi being quite small.

* American Journal Medical Science, 1878.

† Lancet, 1880.

Case.—A. G., age 66 years, born in Pennsylvania, and for many years a resident of Philadelphia, had always enjoyed good health up to 1874, when, following a fall with his belly against the back of a chair, his bladder became irritable. In the latter part of 1874 he passed a small stone from the bladder, and again in January, 1875, the second stone following an attack of renal colic. From that time on he was incapacitated for all work (he had previously kept a restaurant), and suffered continually from the ordinary symptoms of stone.

In the summer of 1875 I explored his bladder at the request of Dr. W. H. Bigler, who was then in attendance. Found, and grasped with the lithotrite, a stone of about one inch in diameter, and advised operation, but the patient being unwilling, both Dr. Bigler and myself soon lost sight of him.

In July, 1880, his wife called upon me, stating that his society required a certificate as to his condition, and requesting me to give it.

For this purpose I again examined him with Dr. Thomas Smith, who was in attendance at that time. I very readily satisfied myself of the presence of at least two good-sized stones.

Operation was again proposed and again refused.

In May of the present year (1881), however, he applied to me for relief at any risk. On the 26th of the same month I operated according to Bigelow's method. The details of the case I take from the record kept at the time by my private assistant, Dr. P. O. B. Gause. Assistants at operation were Drs. Burnham and Gause. Patient etherized by Dr. Gause, with some difficulty, and remained rigid throughout anæsthesia. The hips were elevated on a hard pillow, and the meatus urinarius divided to allow more freedom in introduction and motion of lithotrite and evacuating-tubes. 544 grains of uric acid calculus fragments were removed by Bigelow's evacuator.

The operation lasted two hours, but was considerably prolonged by a leak in the evacuator, at the joining of the rubber ball with the metal castings. Owing to the annoyance caused by the churning of air in the bladder, the operation was discontinued, although much stone could still be felt in the bladder.

During, particularly the latter part of the operation, there was considerable tinging of the wash-water with blood.

Ordered patient to be wrapped in blankets, with hot bottles to extremities, and flaxseed poultice over hypogastrium, to drink freely of Vichy-water and flaxseed tea, and to take Aconite θ every hour.

From time of operation, for several days, everything progressed favorably, there being no elevation of temperature or pulse, and no disturbing symptom, except an inability to pass water (which was drawn with a catheter regularly every five hours) and an excessive weakness, increasing about the fourth day, accompanied by a deposit of bad-smelling muco-pus in the urine, which had before been tolerably clear.

Although the bladder showed marked signs of severe cystitis, from this time there was little or no fever, and, as the prostration was so great, a second operation was postponed, from day to day, mainly at the patient's request.

On the 12th of June the quantity of putrid pus in the urine had increased so materially, and the pains in the bladder had become so excessive, that a second sitting was consented to.

June 12th. The patient is much reduced in weight and strength, unable to turn in bed without aid, passing large quantities of exceedingly offensive muco-pus with urine, in spite of frequent washings of bladder with strong solution of boracic acid and water. Temperature 99.5°; pulse 90; tongue coated and dry; no appetite. Etherization again troublesome, and not accompanied by a thorough relaxation. Drs. Strickler, Bigler, and Gause acted as assistants.

At the end of three hours and twenty minutes no trace of stone could be detected either by lithotrite or evacuator.

During the operation there was considerable bleeding from the bladder, but no clots or shreds of tissue appeared in the wash-water. Some difficulty was experienced in catching the last fragments, owing to enlargement of prostate and irregular bladder walls.

Patient rallied well under the same general treatment as after the first sitting. For three days there was a slight bloody tinge to the urine. Temperature at no time rose above 100.5°.

On the 20th of June, eight days after operation, urine perfectly clear, and evacuated every six hours by catheter. Temperature and pulse normal, sleep good. Some soreness was still felt in deep urethra, but none in bladder. General prostration was rather marked, but not so great as after first operation. The fragments of stone, when dry, weighed 1331 grains.

On August 22d I made a very careful exploration of bladder and found no sign of stone.

Remarks.—The lithotrite upon which I mainly depended, and which I have principally used in my other operations, was

a moderate-sized Thompson instrument, made by Meyer & Meltzer, of London, with a female blade fully fenestrated. With the exception of appearing rather weak for large, hard fragments, it has given me greater satisfaction than any of the instruments having a partially fenestrated or solid female blade, especially in the matter of clogging of the jaws. For small fragments, especially during the latter part of the operation, in picking up pieces behind the prostate, I made use of a smaller instrument, with solid female blade, made by the same makers.

My evacuator, made by Tiemann, of New York, was of the Bigelow pattern, and although provided with a small tube near the top of the bulb, for relief of air and changing of water, I was not entirely able, even when it did not leak, to prevent the entrance of air into the bladder, thus lessening the efficiency of the evacuator.

The only form of catheter used in this case was a curved one of No. 27, Charriere, the straight one, otherwise preferable, having a calibre of thirty-one, being rather too large for easy introduction.

From the first few days following the operation, my patient presented no bladder symptoms except a moderate catarrh, and an inability to entirely empty the bladder except by the catheter, both of which conditions still exist at the present time, and are due, most probably, to senile bladder changes and hypertrophied prostate.

A rather singular feature has manifested itself since he has been walking about, viz., a moderate œdema of the lower extremities and back, combined with great weakness of the legs and a tendency to vertigo. Careful and repeated examination of the urine shows normal specific gravity, and no albumen or other abnormal changes.

MODALITIES AS ARRANGED BY BÖNNINGHAUSEN.

BY E. A. FARRINGTON, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

One of the most useful chapters in Bönninghausen's *Therapeutic Pocket-Book* is, that which comprises the modalities, the conditions of aggravation and amelioration.

But unfortunately they are not sufficiently individualized. They are rather treated as general characteristics, applicable to the entire range of action of the drugs.

When the book was being written, Dr. Hering urged its author to state just what symptoms or group of symptoms were

affected by a given condition. For instance, instead of writing "worse from motion, Bryonia," Dr. Hering desired that it should be stated *what* symptoms were worse from motion.

But Bönninghausen refused to comply with this request, as reasonable as it was; so his book was crippled, and we have lost, probably irreparably, the particulars of his vast clinical work.

This is greatly to be regretted for many reasons, one of which is the aid such work might give in the construction of a systematic Materia Medica.

Symptoms are, as it were, threads of one fabric, which fabric is the entire drug. Hence symptoms must possess certain common relations, to discover which, is to discover the woof of the whole cloth.

Now, very few of the modalities have a universal application. They rather belong to definite groups of symptoms. To clearly discriminate in such cases, requires not only a general knowledge of drug effects but a particular knowlege; and just here, Bönninghausen's clinical studies would be of the greatest service.

But since we are not so favored, it should be the agreeable duty of each practitioner to make observations for himself, and communicate the results to his colleagues. Let me illustrate what I mean.

An oft-confirmed condition of Sepia is amelioration from violent exertion of the body. The full symptom reads: the complaints disappear during violent exercise, such as walking in the open air, fencing, etc. (horseback riding excepted), and appear most frequently and severely when sitting quiet, forenoon and evening.

How far is this modality applicable, and what is its explanation?

We find as well confirmed, aggravation from walking quickly; and, less frequently, worse from exercise; worse from motion. Also, relieved in a recumbent posture; better lying down, etc.

Examining particularly into its symptoms, we observe that the headaches, sacro-lumbar pains, heaviness in the abdomen, and faint, weak state, are all emphatically aggravated from motion. Bearing down in the pelvic region induces a desire to remain sitting or lying, with the eyes closed. Prolapsus uteri, better sitting with the limbs crossed or lying on the right side.

One form of pelvic distress seems to necessitate motion. It is described as a distress in the hypogastrium as from a dis-

tended bladder, worse from continued sitting and lying, better on walking about. But this same patient was also *relieved momentarily by lying on either side, with the thighs flexed on the abdomen.*

Another prover complained of pain across the lower part of the bowels, relieved by passing urine; felt only *on lying down.*

On the other hand, we notice that palpitation of the heart is diminished by "walking a long distance and walking fast." And if the nervous weakness is not too great, if the patient is tired, languid, feels bruised, parts laid on go to sleep, she feels worse while sitting; and although stiff and sore on beginning to move, walking soon relieves.

It is well known that Sepia affects the nervous system, and causes, through vaso-motor relaxation, venous congestions. The connective tissue all over is likewise relaxed. From this arise: fulness, venous fulness, in various parts; empty, gone, sensations; feeling as if the joints were slipping out of place; prolapsus of the viscera; and, through overfilled veins, bruised sore feelings in the muscles; numbness, paralytic weakness, etc.

Now, exercise, by favoring venous return and stimulating lax tissues, tends to relieve just the pathological state upon which many Sepia symptoms depend. But horseback riding, since it jars the sensitive parts, and even tends, like the motion of a ship, to retard venous return, necessarily aggravates the Sepia patient.

This, I submit, is the explanation of the modality under consideration.

Confusion sometimes arises from modalities which are opposed to each other: as under Magnesia muriatica, better from pressure, worse from pressure—Calc. carb., worse from washing; better by cold bathing—Bryonia, worse from motion; better from motion—Sulphur, worse or better on an empty stomach—Petroleum, better or worse when stretching out the diseased limb, or when drawing it up.

These apparent contradictions may spring from the twofold action of drugs. But they also may arise from the fact that nearly all modalities have but a limited range, and hence are inapplicable to other groups of symptoms belonging to the same remedy. .

How, then, can they be discriminated, if the plan of Bönninghausen is to be continued?

If we consult the provings of the above-cited remedies, we find a solution to our difficulties. Mag. mur. has relief of headache from pressure, but aggravation of hepatic symptoms. In general the Calc. carb. patient is made worse by bathing;

but in colic and peritonitis, cold-water applications give prompt relief, and so on.

Still another defect in Bönninghausen's method arising from generalization, is his imperfect presentation of a symptom.

Thus, under Alumina we read: inclination for open air. But the complete symptom requires the further statement that, nevertheless, neither cold nor warm can be borne well.

There is an underlying system, according to which modalities can be arranged, and we should find it. We know that complaints involving muscular tissue are increased by motion, while affections of fibrous structures are improved by continued motion. Many variations of symptoms accord with diurnal, weekly, and annual changes, barometrical vicissitudes, etc., all of which are acknowledged to be exhibitions of natural laws. For instance, Natrum mur. has its acme at 11 A.M.—just the hour of daily maximum electric tension; Lycopodium has its acme from 4 to 8 P.M.—just the hours of minimum electric tension; Nux vom. has arousing at 3 A.M.—an hour when Bryonia, Arsenic, Sepia, Sulphur, and other remedies, which act on the intestinal contents, also offer symptoms. Rhododendron, Natrum carb., Petroleum, Phosphorus, etc., are worse before a thunderstorm, when the air is poor in ozone, and when constitutions needing an abundance of this form of oxygen, must necessarily suffer.

A west wind, in our latitude, is, in winter, frequently cold and dry; a south wind warm and relaxing; and an east or northeast wind cold, raw, and damp. Consistently herewith, we have one set of remedies, Aconite, Hepar, Spongia, Causticum, in exacerbations from one wind; Ipecac., Bryonia, Carbo veg., for the next; and Sepia, Allium cepa, Dulcamara, etc., for the last.

Gelsemium, Bryonia, and Quillaia, picture a cold, which is the effect of a relaxing atmosphere; Nux, Aconite, Belladonna, catarrh caused by cold, crisp weather. Ipecac. portrays a wheezing, rattling bronchial catarrh, with loose but difficult expectoration, just such a cold as a debilitated, lax-fibred patient might contract under the depressing influence of a southerly, warm, thawing wind. Hepar, on the contrary, displays the rough hacking cough or the croupy rattle which one might expect to follow exposure to piercing, cold winds.

Many more instances might be cited, tending to prove the harmony of the effects of provings with the numerous accidents and contingencies of our checkered existence.

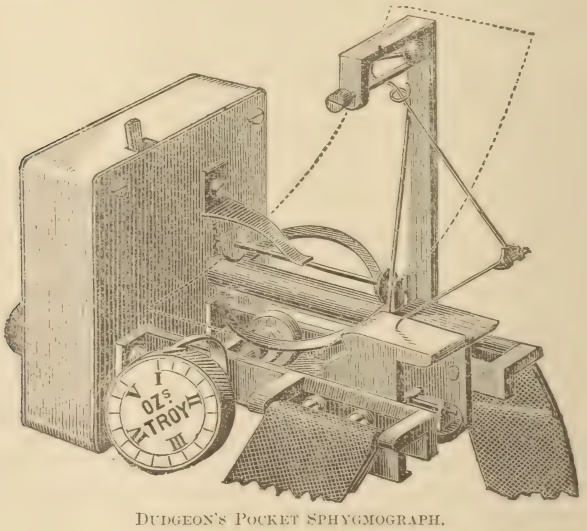
Let us investigate them thoroughly.

Miscellaneous Contributions.

DUDGEON'S POCKET SPHYGMOGRAPH.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA, PA.

Specialists in cardiac diseases have long wanted a more compact sphygmograph, less fragile, and less difficult of application, than any heretofore brought out, and Dr. Dudgeon, of London, England, has succeeded admirably in the instrument he invented last year. It was on exhibition at the display of surgical apparatus and medical novelties in connection with the World's Medical Congress in London, August, 1881, and the members of the profession generally, who had the opportunity of seeing it applied, were wonderfully pleased with its ease of application, its compactness, portability, and the accuracy of the tracings it makes. We purchased and brought one home with us, and have had it in use with great satisfaction ever since. Directions for its use come in a circular with the instrument.



Dudgeon's Pocket Sphygmograph.

Its advantages are these:

1. It magnifies the movements of the artery in a uniform degree, viz., fifty times.

2. The pressure of the spring can be regulated from 1 to 5 ounces (30 to 150 grams).

3. It requires no wrist-rest, and may be used with equal facility whether the patient is standing, sitting, or lying.

4. With it, a tracing of the pulse can be made, after a few times, almost as quickly as the pulse can be felt with the finger.

5. Its sensitiveness is so great that it records the slightest deviation in the form or character of every beat.

6. Its construction is so simple that if accidentally broken, any watchmaker can repair it.

7. It is so small ($2\frac{1}{2}$ by 2 inches) and so light (4 ounces) that it can easily be carried in the pocket.

8. It is only one-half of the price of the cumbrous instruments hitherto offered to the profession.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meeting was held at the Hahnemann Medical College, on Thursday evening, March 9th, 1882, Dr. W. B. Trites in the chair.

The minutes of the February meeting were read and approved.

The Censors reported favorably on the applications of Drs. John V. Allen, George W. Marter, and William H. Tomlinson, and these gentlemen were duly elected to membership.

The Committee on Blockley Hospital reported progress.

Dr. R. C. Allen, Chairman of the Bureau of Obstetrics and Gynæcology, designated Drs. H. Noah Martin, B. F. Betts, J. N. Mitchell, and Harriet J. Sartain as his associates for the ensuing year.

The Society then proceeded to nominate officers to be elected at the annual meeting to be held April 13th, 1882. The nominees are as follows:

For *President*, Drs. J. E. James and W. B. Trites.

For *Vice-President*, Drs. C. R. Norton, J. N. Mitchell, M. S. Williamson, and H. N. Martin.

For *Treasurer*, Dr. A. H. Ashton.

For *Secretary*, Dr. C. Mohr.

For *Censors*, Drs. A. R. Thomas, W. C. Goodno, and W. K. Ingersoll.

Dr. William W. Van Baun made application for membership. Referred.

The Report of the Bureau of Clinical Medicine, Diagnosis, General and Special Therapeutics was next in order, and Dr. C. R. Norton, *Chairman*, presented the following papers, which were read and accepted for publication:

a. "Diagnosis of Locomotor Ataxia," by C. Bartlett, M.D.

b. "Periostitis after Typhoid Fever," by W. K. Ingersoll, M.D.

c. "Sciatica," by C. R. Norton, M.D.

A short discussion of the paper on "Sciatica" was participated in by Drs. C. Mohr, J. C. Morgan, and (by invitation) W. A. Reed.

The President then appointed Dr. C. Mohr Chairman of the Bureau of Clinical Medicine, etc., for the ensuing year.

Adjourned.

HAHNEMANN'S ATTENUATION LIMIT.

DEAR HAHNEMANNIAN: Allow me to call attention to an error Dr. W. H. Taylor makes in his article, "The Time of Trial" (see March HAHNEMANNIAN, p. 171), in presuming that by the "X Verdünnung" Hahnemann meant the "TENTH CENTESIMAL TRITURATION."

According to Hahnemann's method of designation, the Roman numeral X was used to denote the thirtieth potency, because it contained the *decillionth* part of the drug ("medicinal power"). The tenth potency he designated by the Arabic numerals 10, as is done at the present day.

Hahnemann did not *triturate* (as a rule) above the third centesimal. Having reached this point (designating the preparation by the Roman numeral I, because it contained a millionth part of the drug), he converted it into a solution (or combination) with water and alcohol to make the fourth and higher potencies.

In view of these facts, what warrants Dr. Taylor in asserting "that cures should not be accepted as having been made after the method of Hahnemann unless they be made by remedies within this limit of trituration," meaning the "TENTH TRITURATION?"

Yours fraternally,

C. MOHR.

PHILADELPHIA, March 17th, 1882.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., April, 1882. No. 4.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE USE AND ABUSE OF SPECIALTIES.—With the increase in the number of colleges, and, consequently, in the number of graduates, comes the necessity for dividing the labor incident to the profession of medicine. A most natural division, one which springs from necessity, is into physicians and surgeons. Between these two classes there is no conflict, since they supplement each other. Other classifications are, however, becoming necessary, both from the cause mentioned above, and, likewise, from the expansion of medical study.

It has become absolutely impossible for any one man, no matter how intelligent, to reach even mediocrity in all medical branches. If his attention is directed chiefly to general practice, he cannot master, in addition, such separate departments as gynæcology, ophthalmology, etc. Since the public demand superior skill in particular lines of diseases, the young physician should examine his personal genius to see if he can profitably and usefully fit himself for some especial branch of his profession. Kindred subjects, as diseases of the heart and

lungs, of the eye and ear, of obstetrics and gynæcology, may readily be combined, thus enlarging the field of practice, though diverse subjects, dividing attention, ought not to be essayed by one individual. The use of all this is self-evident. With energies directed in one channel, the results are necessarily in every way advantageous, both in the development of medical science and in mutual benefit to patient and doctor.

But there are abuses of specialties. One concerns the physician, and indirectly his patrons; the other concerns particularly the latter. If the doctor, forgetting that he is called upon to treat a complicated organism, in which disease cannot be absolutely local, neglects general conditions, he abuses his specialty, and injures his patient.

If, again, he makes exorbitant charges, or, what is still worse, refers his client from one specialist to another, each of whom claims a large fee, he is basely abusing his specialty. And we regret to be obliged to say that this latter offence is not very uncommon. Suffering from some nervous affection, an expert in this line is sought. In the subsequent examination of the patient, the eyes are found defective, and an oculist is recommended. The latter discovers that the uterus or the ovaries are the chief cause of the impaired vision, and a third specialist must be consulted. Now, when the bills are presented, they represent three large sums of money, the first attendant claiming the lion's share. It seems to us that in a case of this kind, secondary examinations call for merely ordinary remuneration. Let all the bills be forwarded to the regular attendant, to be incorporated in his account as items of additional but moderate expense. It is only when superior skill is demanded, or much time is consumed, that equity calls for large fees.

While, then, we recommend the choice of specialties, we, at the same time, venture to add that justice forms as important a factor here, as in the selection of any other honorable calling.

Errata.—In Dr. H. N. Guernsey's letter, referring to the *Guiding Symptoms*, published in our February number, page 111, second line from bottom, for "chemical" read *clinical;* page 112, second line from top, for "conformation" read *confirmation.*

In Dr. Morgan's article, page 85, bottom line, for "superinduced" read *superincumbent.* Also, in January number, page 22, tenth line from bottom, for "pus" read *plus.*

Notes and Comments.

Professor E. C. Franklin, M.D., is *not* about to leave Ann Arbor and return to St. Louis.

Deferred.—The unusual press upon our news pages compels us to defer some important articles and book notices until next month.

Who are the Quacks?—"Every man is a quack—whether qualified or unqualified—who employs a remedy without knowing why, or who adopts a 'system' in medicine."—*London Lancet.* "The medical profession is divided into two classes. 1. Those who follow a 'system,' and 2. Those who do not follow a system. Those who follow a system generally know why they give remedies, and those who follow no system do not know."—*Medical Advance.*

Medical Extortion.—A London paper says the principal London physicians charge three guineas ($15) per visit, two guineas ($10) for a first office prescription, and one guinea ($5) for each subsequent office prescription. This may be all right so long as both parties are agreed, but when the profession denounces it as a breach of etiquette for any physician to charge less than the above enormous figures, its members lay themselves open to the charge of extortion.

The Good Little Girl and the Bad Big Bear.—"Mamma," said a little ten-year old girl, "if a big bear should swallow me, would *he* go to heaven too?" Not having heard the mother's reply, we anxiously ask, "If the big bad allopathic bear should swallow the good little homœopathic girl, would the natural bent of the little girl urge the big bear onward to the homœopathic heaven, or would the bad bear turn round and take the back track for—well, for the place he came from?" Just now the bear is making so much love to the girl that we are anxious to know.

Dr. S. H. Boynton, it seems, has feared lest, in exposing the act by which the late President Garfield was euchred out of his preferred medical attendants, he should be violating the principles of professional courtesy. If these principles require us to cover up and conceal professional misdemeanors, however gross and deliberate, they are far more honored in the breach than in the observance. We doubt if a single honorable physician, of either school, will regret that the disreputable and dishonorable act has been laid open to the public gaze. Dr. Boynton need have no fear that his professional brethren will regard his disclosures with any other feeling than that of approval.

Clandestine Homœopathy.—The New York *Medical Record* of January 21st admits that the writings of Ringer "contain not a little clandestine homœopathy." To us, the unauthorized abstraction of homœopathy by Ringer seems about as clandestine as was the act of the man who, according to the old ballad,

> "Ran away with the masonic hall, sir.
> Then off like a colt scampered he;
> The watchmen they missed it and followed it;
> So, lest he detected should be,
> He made but one gulp, and he swallowed it."

For obvious reasons, even this device did not conceal the theft nor hide the thief. Neither will it save his modern imitator. The homœopathy in Ringer is bigger than Ringer himself.

New Publications.

THE HUMAN EAR AND ITS DISEASES; a Practical Treatise upon the Examination, Recognition, and Treatment of Affections of the Ear and Associate Parts; Prepared for the Instruction of Students and the Guidance of Physicians. By W. H. Winslow, M.D., Ph.D., Oculist and Aurist to the Pittsburgh Homœopathic Hospital, formerly Clinical Assistant to Wills Ophthalmic Hospital, Assistant Surgeon to the Eye and Ear Department of the Children's Hospital, Oculist to the Children's Homœopathic Hospital and Surgeon to Bedford Street Hospital, of Philadelphia; Member of the Homœopathic Ophthalmological and Otological Society. One hundred and thirty-eight illustrations. Boericke & Tafel, New York and Philadelphia, 1882. Octavo, pp. 526. Price, $4.50.

This is the first work by a homœopathic author which attempts to present anything like a complete exposition of the subject of ear diseases and their treatment. Its advent has been looked for with a good deal of interest, and all the more because the author is very widely known as not only thoroughly practical in his views, but also thoroughly independent. As these characteristics exhibit themselves ever and anon throughout the work, it is not to be expected that all his readers will fully coincide with him, especially in reference to treatment.

Commencing with a terse outline of the development of an auditory organ in the lower forms of animal life, the general and detailed anatomy of the human ear, and of the parts functionally associated with it, is given in the opening chapter, the description being aided by twenty-one illustrations. The special conformation of the infant's ear is also considered, and attention called to the special care necessary in its examination in order to avoid mechanical injury to its delicate structures.

The physiology of the ear is also very carefully given in chapter ii. Regarding the concurrent—or, the opposing—action of the two membranes—the oval and the round—of the internal ear, the author suggests that each vibration of the round or second membrane received from impulses transmitted through the *air* of the tympanum may act directly upon Corti's organ and so produce an independent impression of sound; and, on the other hand, as solids and fluids convey vibrations much faster than air, these direct impulses may simply produce inward vibrations of the second membrane, *between* the outward ones produced through the chain of ossicles and cochlear fluid. Thus the vibrations would "alternate and fit together," and their intensity be increased; and so the author thinks that "perhaps the oval and round membranes act in unison during the passage of the regular periodic vibrations of music, and in opposition" (*i. e.*, the one producing a dampening effect upon the other) "during the irregular vibrations of noise." We may here be permitted to say that our own studies of the physiology of audition lead us strongly to the inference that the tympanic air has much more and the ossicles much less to do with the direct conduction of sonorous vibrations from the outer world to the auditory nerve termini than most physiologists suppose; this inference being drawn (1) from the unequal length of the radial fibres of the tympanic membrane and their

variable tension, enabling the membrane to respond to various notes at once; (2) from the fact that the vibration of the ossicles is *massive* and *not* molecular, thus enabling them to conduct *but one* set of vibrations at one time, while it is known that the ear may receive a large number of dissimilar impulses at once; and (3) from the comparatively slight impairment of the auditory powers so often observed after complete destruction of the membrane—involving, of course, at least a partial loss of the ossicular function.

In chapter iii the examination of the ear is considered, and here, at any rate, the author exhibits his thoroughly practical and experimental acquaintance with his subject. The almost minute details of this part of the otologist's business may seem to the advanced and skilled worker to be almost superfluous, but it must be remembered that the book is designed also for the general practitioner, to whom these "little points" will make all the difference between confidence and success on the one hand and distrust and failure on the other. The chapter tells us what to look for, how to select instruments, *exactly* how to use them, how to interpret our discoveries, some of the predisposing and exciting causes of disease of the ear, etc. This chapter contains forty illustrations, chiefly of instruments and the modes of their application.

The diseases affecting the different parts of the auditory apparatus, their causes, progress, complications, and tendency, as also their detection, amelioration, cure, repair of their ravages, etc., are presented in some five chapters. The subject of chronic purulent inflammation of the middle ear, and its management, occupies the large space to which its importance, its dangers, and its general prevalence entitle it. As we read over the graphic description of these inflammatory diseases of the middle ear, the havoc they produce in the parts affected, the annoyance and privation they involve, and the imminent danger to life that follows in their train, we ask ourselves if the medical profession is at all sufficiently alive to the necessity for a more thorough acquaintance with these maladies and their treatment.

Dr. Winslow agrees with Gruber that rupture of the tympanic membrane is less frequently caused by artillery concussions than some have supposed. He cites his naval experience with heavy rifled and smooth-bore guns during the rebellion, on board the gunboats, and even within the revolving turrets of the ironclads, to show that men could endure these extraordinary strains for whole days at a time without exhibiting symptoms of ruptured membrane, though vertigo and tinnitus followed in some cases, and persisted for several days.

"Electricity in Aural Disease" forms the subject of chapter ix, in which we find explicit directions for the use of this therapeutic agent and the methods of its application. Chapter x closes the work with the consideration of "Diseases of the Internal Ear, Deaf-Mutism, and Instruments to Assist the Hearing." A careful index is added, making the whole work convenient for reference.

The treatment recommended in the work is precisely what would be expected by those who are professionally acquainted with the author. We

heard it predicted that the work would be "a mere compilation," but the pronounced individuality of the author is apparent on every page and in almost every line. Moreover, he has literally crammed the work with thoughts and suggestions of a practical kind, such as could only be the outgrowth of a large personal experience and long-continued habits of close and careful observation. He evidently considers most of the diseases, of which he treats, as possessing both surgical and medical importance, and lays down his mechanical, his chemical, and his dynamic treatment on one and the same page. While on the one hand he bitterly denounces that mere palliative treatment which simply lulls the patient into comfort and permits the disease to pursue its disastrous course unchecked, on the other hand he does not hesitate to employ suitable common-sense adjuvantia to reinforce his common-sense homœopathy, and forgets to apologize for doing so. . He does not deem it worth while to mention "floods of tears" every time he mentions Pulsatilla, nor "open fontanelles" whenever he points to Calcarea, probably because he thinks his readers ought to know something about such things without being everlastingly told of them, but *more* probably because he considers those symptoms which are characteristic of the disease to be the best guides in the selection of the remedy, and not to be thrust aside for the sake of symptoms having a less intimate relation to the case. And as indicating the author's views in reference to the homœopathic treatment, we cannot refrain from quoting this passage from page 122:

"The treatment of ear disease consists in certain measures which experience has proved to be beneficial, in a careful use of such medicines as correspond in their characteristic symptoms to those of the disease, and in such others as experience has proved of value in the morbid conditions.

"The paucity and unreliability of ear symptoms in our pathogeneses of medicines make it imperatively necessary to resort occasionally to remedies which have only a clinical record to authorize and indicate their uses.

"A medicine having a pathogenesis corresponding very nearly with the totality of constitutional symptoms *may be* the very best remedy for an ear affection, but frequently the symptoms in the aural region constitute nearly the entire totality, and a resort to the 'Materia Medica' will show little to correspond. In such cases I hold it fraudulent to ignore the important symptoms of the ear, and to abstract and use a pretentious and deceiving totality from the recorded fancies and follies of imaginative provers. Ear diseases cannot be cured in this manner, and much better is it to rely upon clinical experience for the treatment of these cases than to waste time in following Will-o'-the-wisps into the bogs."

Carrying out his views of the chirurgico-medical character of many aural, nasal, and pharyngeal diseases, he enjoins the selection of the homœopathic remedy for the individual case, while at the same time insisting upon the employment of more heroic measures wherever necessary, and he considers this necessity to exist in a large proportion of cases. In most—perhaps all—cases of purulent disease affecting any of the organs, the imperative need of cleanliness of the part is rigidly enjoined as a *sine quâ non.* We might mention, in passing, that he recommends the careful use of the post-nasal syringe in all but the mildest cases of chronic nasal catarrh, and

especially those affecting the superior meatus and its diverticula, and gives explicit directions for its employment.

The work is thoroughly practical throughout; theories are left in the background, and the hard facts of the business of the otologist are portrayed with a distinctness and force which characterize all the writings of this author. And whatever may be said in criticism of the special views of treatment set forth in the book, we shall expect to see it win its highest commendations from those who have had the largest experience in treating diseases of the ear. D.

An Index of Surgery; Being a Concise Classification of the Main Facts and Theories of Surgery for the Use of Senior Students and Others. By C. B. Keetley, F.R.C.S. William Wood & Co., New York, 1882.

Although the type of this book is pretty clear, the paper is not quite up to the standard of this publishing house.

The subject-matter is arranged alphabetically, after the manner of indexes in general. The reader looks for the desired word—"gangrene," say. He finds it defined, and its varieties, causes, pathology, symptoms, course, and treatment given—all within the space of two pages.

The book is intended "to be read by the senior student shortly before he goes in for his final examination." We hope he will not make it his text-book to the neglect of larger works. F.

Gleanings.

Prolonged Anæsthesia.—A German surgeon recently performed resection of the pylorus, keeping his patient for *five hours* under chloroform. She lived five or six days, but finally succumbed to gangrene of the duodenum. This is remarkable for the exceptional time under anæsthesia.

Accumulation of Bismuth in the Stomach.—Dr. Lazaro Papini reports a case of an old lady who died of cancer of the pylorus, who had taken large quantities of bismuth up to two months previous to her death, and in whose stomach, after death, was found about a pound of the mineral mixed with mucus.—*Northwestern Lancet.*

Enemata of Peptones.—M. Henninger (*Paris Médical*) gives the following formula for enemata of peptones: Five hundred grams of lean meat, minced fine, are placed in a glass receiver, on which are poured three liters of water and thirty cubic centimeters of hydrochloric acid, of density 1.15; to this is added two and one-half grams of the pure pepsin of commerce, at the maximum of activity—that is to say, digesting about two hundred times its weight of moist fibrin. It is left to digest during twenty-four hours at a temperature of 45° C. (113° F.), either in a water-bath or on a stove; it is then decanted into a porcelain capsule, brought to the boiling-point; and, whilst the liquid boils, an alkaline solution is poured into it (two hundred and fifty grams of carbonate of sodium to one thousand grams of water), until it shows a very slight alkaline reaction. About one hundred and sixty-five to one hundred and seventy cubic centimeters of this solution must be added to it. When this result is obtained, the boiling liquid is passed through a fine linen cloth, the insoluble residue being expressed, and

this liquid, which amounts to about two and one-half liters (five pints), is reduced in the water-bath to fifteen hundred or eighteen hundred cubic centimeters. Half of it is administered every day in three enemata, adding two hundred grams of white sugar for the twenty-four hours. The whole of the meat is not dissolved; the fat, the tendons, the connective and the elastic tissues form an insoluble residue, amounting to about a third of the meat used.

Vaginal Ovariotomy.—In the March number of the New York *Medical Journal and Obstetrical Review*, Dr. W. H. Baker, Instructor of Gynæcology in Harvard University, relates a case in which he removed a suppurating dermoid cyst of the ovary *per vaginam*, and remarks that the success which now attends ovariotomy by abdominal incision renders the cases very few in which removal by the vagina would be the better method. He would limit it: First, to cases where the cysts are small and their contents bland, so that removal can be effected without difficulty, and without great danger of septic peritonitis from the escape of any of the fluid into the peritoneal cavity. Second, to dermoid cysts so small as to be removed through the vaginal incision without evacuation. In the case of an ovarian cyst firmly adherent in the pelvis, he believes the best operation to be that of drainage into the vagina, with subsequent destruction by suppuration or by the cautery.

Removal of the Uterus in Ovariotomy.—In the New York *Medical Journal and Obstetrical Review* for March, 1882, Dr. Andrew F. Currier, house surgeon to the Woman's Hospital, relates a case of removal of the uterus in connection with a multilocular ovarian cystoma, performed by Dr. T. Gaillard Thomas, and remarks that to remove a simple free ovarian cyst is not a difficult operation, but that such tumors are not to be looked for in the majority of cases. From the record of more than fifty laparotomies performed at the Woman's Hospital during twelve working months, he finds only nine done for ovarian tumors unattached to surrounding viscera. In several of these, other serious complications were present. The adhesions in the remaining cases were more or less firm, involving the necessary risks of hæmorrhage, septicæmia, and peritonitis. Three out of the entire number held such intimate organic relations to the uterus as to call for the removal of that viscus. In one other case the uterus was removed on account of a growth developed from it. In others the portion of sac attached to the uterus was left. The ovariotomist should be prepared to take the bold step of removing the uterus when it is called for by such complications.

The Care of Sponges.—We all know that sponges, after they have been used for a while in hard water, become clogged with organic and earthy impurities, and lose much of their elasticity and power of absorbing and parting with water. The ordinary domestic remedy for this condition is common washing soda; but this substance, while effectually removing the impurities, destroys the texture of the sponge, and it quickly falls into pieces. The preparations of chlorine and sulphurous acid used for bleaching and disinfecting sponges have also an injurious effect, and should be avoided (as should new bleached sponges, for they are always bad ones). Condy's fluid stains and carbolic acid consolidates organic matters in the meshes of the structure, and they are also to be avoided as unsuitable for mere cleansing purposes. I have found by repeated experiments that returning the sponge to its native element, or what answers equally well, steeping it in strong salt and water, to which a few grains of iodine have been added, enables it to throw off its impurities, and to regain its normal elasticity and absorbent properties, and at the same time to become disinfected. The process is not a rapid one, and iodine is only slightly soluble in salt water, so that very

dirty sponges cannot be purified in this way, and a preliminary washing in soap and warm water may be necessary. Sponges may be kept in this kind of pickle for any length of time without injury to their texture; and as clean sponges are essential to success in operative surgery, surgeons and nurses would do well to keep their sponges in this manner when not in use, instead of allowing them to become dry and gather dust, or absorb and condense impure gases. Salt is one of the best antiseptics, and iodine is one of the most powerful disinfectants, and they belong to the element in which the sponge was originally developed. A bath-sponge which has been treated in this way has the pleasant sea-side smell, which has been attributed to the presence of ozone, but which is more probably due to iodine.—Charles Roberts in the *Br. Med. Journ.*

News, Etc.

Pulte Medical College, of Cincinnati, held its annual commencement in College Hall. An address was delivered by Rev. Isaac Errett, and the valedictory by W. A. R. Tenny, of the graduating class. The degree of Doctor of Medicine was conferred on thirty-four candidates, three of whom were ladies.

The Western Academy of Homœopathy will hold its next annual session at Kansas City, Mo., June 20th, 21st, and 22d. Chairmen of the various bureaus will notify their associates. A grand excursion to Denver is projected, at greatly reduced rates, and many inducements will be offered to make this a pleasant meeting.

C. H. Goodman, M.D.,
General Secretary.

2619 Pine Street, St. Louis, Mo.

Hahnemann Medical College of Chicago.—This institution held its twenty-second annual commencement at the Grand Opera House, on Thursday, February 23d. The degree was conferred on one hundred and seven candidates, of whom eight were women.

Professor S. D. Gross has resigned the Chair of Surgery in Jefferson Medical College of Philadelphia, a position which he had held for more than a quarter of a century. His resignation was induced by his advancing age, which is now nearly seventy-seven.

Letting the Cat Out.—Dr. S. H. Boynton, the Cleveland physician of the late President Garfield, recently gave a newspaper reporter (so says the St. Louis *Globe-Democrat*) some of the facts respecting the relations of himself and Drs. Baxter and Bliss to the President after he received his wound:

"'You see,' said Dr. Boynton, 'Dr. Baxter is medical purveyor of the army, and not only that, but he was the family physician of General Garfield at Washington. I was also his family physician in Cleveland, O. We were not only their physicians, but we were recognized by the family as friends. I am also closely related to the Garfields by ties of consanguinity. On the other hand, Dr. Bliss had never been their physician, and what was of more importance, he was never considered their friend nor ever commanded their respect. When General Garfield was wounded, both Dr. Baxter and myself were absent from the city, and, what was perfectly proper at that time, Dr. Bliss, upon the suggestion of some person, took charge of the case. Upon the arrival of Mrs. Garfield from Elberon, she found Dr.

Bliss attending upon her husband, and was not only surprised but greatly shocked. She at once ordered telegrams to be sent to both Dr. Baxter and myself, and of course we responded at once, and arrived in Washington on the shortest possible notice. We found Dr. Bliss in charge, and had it not been for the means he used to retain the management he would have been relieved at once.

"'Now,' continued the Doctor, 'we have come to the delicate point, to divulge which, might be looked upon by some as a breach of professional courtesy. But I can say this, however, that his retention in the case was caused by a misunderstanding between the President and Mrs. Garfield on the one side, and Dr. Baxter and myself on the other; and I can say also that the misunderstanding was brought about purposely and solely by Dr. Bliss himself. It was what he had said to Dr. Baxter and myself that induced us to believe that it was the wish of the President and Mrs. Garfield that he should continue in charge of the case. He, on the other hand, gave the President and Mrs. Garfield reason to believe that it was the desire of Dr. Baxter and myself that he should be continued in charge, and the contrary was not known for months afterward. The manner in which Dr. Bliss managed this part of the business was questionable in the extreme. Since that time, however, Dr. Baxter, Mrs. Garfield, and myself have compared notes, and now each of us understand the matter thoroughly, and under the circumstances I conceived it to be no more than my duty to make a plain statement in writing, setting forth all the foregoing points, then have Mrs. Garfield indorse them as knowing them to be true as far as she was personally concerned. It was intended that Dr. Baxter should take this letter and show it confidentially to a few members of Congress who were friends of the Garfield family. We merely wished to inform them of the deception that had been practiced upon us and the family by Dr. Bliss, and I cannot see that I have acted dishonorably in any manner, or even unwisely. And now,' said the Doctor, 'that is all there is of it. It is a matter that concerned only ourselves, and it was not intended to be made public at all. I am sorry,' he continued, 'that this matter ever got into the papers. Such a thing never was intended, and I do hope you will not publish anything I have told you.' The reporter assured him that he had not the least idea in the world of complying with his request, and that he should be too happy to have the privilege of giving his views and opinions on the snbject to the world."

Professor Joseph Pancoast, for a long period incumbent of the Chair of Anatomy in Jefferson College, died recently at an advanced age. His name is identified with the progress of operative surgery for the past thirty or forty years, and his professional pupils are numbered by thousands. Owing to infirm health he had almost entirely withdrawn from active professional work for the past two or three years.

Bureau of Materia Medica, Homœopathic Medical Society of Pennsylvania.—The following explains itself:

Dear Doctor: Will you be good enough to inform me of any symptoms *verified* by you, not marked verified in Allen's *Encyclopedia of Pure Materia Medica.* Any other interesting statement relating to concomitant symptoms, as well as of the pathology of cases, is desirable.

I purpose making use of such facts in a paper to be submitted by the Bureau of Materia Medica of the Homœopathic Medical Society of the State of Pennsylvania, at its annual session, to convene at Altoona in September next. The members of the bureau for the present year are: Drs. M. S. Williamson, E. A. Farrington, C. Mohr, Z. T. Miller, T. S. Dunning, H. Pitcairn, and

H. Noah Martin,
Chairman.

1218 Walnut Street, Philadelphia, March, 1882.

American Pædological Society.—The next annual meeting of this flourishing society will be held at Indianapolis, in June, during the session of the American Institute. The topics for discussion will be infantile eczema, capillary bronchitis, diphtheritic croup, and elementary infantile foods.

All members of the society, and all other physicians interested in pædology, are requested to be present and invited to contribute papers on one or more of the subjects named. Those having papers will please send the titles to the undersigned before the 10th of May, 1882.

W. P. Armstrong,
Secretary.

Lafayette, Ind., March 28th, 1882.

A Brilliant Record.—Dr. H. F. Biggar, homœopath, who has been the physician in charge of the hospital department of the Cleveland workhouse since its opening, eleven years ago, but who now gives place to a physician of the old school, makes the following report for the year 1881. This report will be of peculiar value for reference, since its review of past years is likely to be the standard of comparison for the future as well as showing a remarkably good record in comparison with similar institutions elsewhere during the term mentioned:

During 1881 the number of visits made was 306; patients treated, males, 880; females, 333; total, 1213; prescriptions dispensed, males, 1850; females, 710; total, 2560. Five deaths have occurred, one from pulmonary consumption (phthisis pulmonalis), one from consumption of the bowels (tabes mesenterica), one from abdominal dropsy (ascites), one from epilepsy, and one moribund when admitted. The duties which have devolved upon me have been arduous, but they have afforded great pleasure in relieving the physical ailments of the prisoners. For the kind care and close attention given to the sick by the matron and other officers I desire to express my warmest thanks. Allow me to suggest the following improvements, which will greatly assist in making the prisoners more healthful and tend to lessen the mortality: First, That the dormitories of the prisoners, especially in the male department, have better ventilation. Second, That the clothing of the prisoners during the warm months should be partly woollen and during the cold weather entirely woollen. In comparing the mortality reports of the Ohio Penitentiary for six years with the reports of this institution for the same time as well as the expense for the same period I find the number of prisoners sick in the Ohio Penitentiary to be 11,800, with 115 deaths, and the cost of medicines and medical attention was $11,712.93, or ninety-nine cents for each patient. For the same period the Cleveland workhouse treated 7441 patients, with seventeen deaths, and at a cost of $4192.46, or fifty-eight cents for each patient. This gives a rate of mortality in favor of the Cleveland workhouse of four hundred and fifty per cent. and in expense in favor of the same of forty-one cents per patient. With the best mortality reports from other workhouses we are thirty-six per cent. better than Detroit, and fifty-seven per cent. better than Allegheny, Pennsylvania. During the eleven years 11,789 patients have been cared for, 25,063 prescriptions given, the number of deaths thirty-five, the entire expense for medicines and medical attention $7880.99, the cost for each patient less than sixty cents, and for prescriptions seven cents. In conclusion, gentlemen, permit me to say that, though my connection as medical director has been severed, I sincerely trust that the medical government may be so conducted that its future may be more prosperous than it has ever been in the past. With the best wishes for the success of this noble institution, believe me, yours very respectfully,

H. F. Biggar,
Surgeon in Charge.

—*Plaindealer.*

University Education of Women in England.—Dr. J. P. Dake recently delivered an interesting lecture in Nashville, Tenn., giving the results of his observations during his recent European tour, especially as related to the Newnham College for women at Cambridge. He spoke in high terms of the character and success of that institution, and followed with a comparison between the opportunities for education, and, in general, the privileges enjoyed by women in America and Europe, and showing the superior advantages enjoyed by women in our own country.

The Chicago Homœopathic Medical College graduated a class of thirty-eight, of whom six were ladies, at its commencement, held March 2d. The exercises took place in Haverly's Theatre in presence of an immense audience. The faculty valedictory was delivered by Professor J. W. Streeter, the class valedictory by Dr. F. A. Churchill, and an address on "Medical Experts" was given by Hon. Emory A. Storrs.

University of Iowa, Homœopathic Department.—This institution held its fifth annual commencement February 28th. Fifteen candidates received the degree, four of the number being ladies. The valedictory was by Dr. F. M. Knight, a member of the graduating class, and an address was delivered by Professor J. G. Gilchrist, M.D., of Detroit, Mich.

The Homœopathic Hospital College of Cleveland, Ohio, held its annual commencement March 8th. The class valedictory was by Dr. U. H. Squires, and the faculty valedictory by Professor B. F. Gamber. The graduates, four of whom were ladies, numbered fifty-three.

Hahnemannian Medical College of Philadelphia.—The Thirty-fourth Annual Commencement of the Hahnemann Medical College of Philadelphia was held in the Academy of Music, corner Broad and Locust streets, on Tuesday, March 14th, 1882. The musical portion of the programme commenced at 11 o'clock, A.M., and the commencement exercises proper began at 12 o'clock M., when the trustees, faculty, invited physicians, and graduates entered, and took seats, the graduates in the orchestra chairs, and the others upon the stage. The valedictory was delivered by Professor Charles M. Thomas, M.D., of the Chair of Operative and Clinical Surgery and Ophthalmology, and was a finished and scholarly effort, replete with wise and valuable hints and suggestions to the class.

The Degree of the College was conferred by the President, William McGeorge, Jr., Esq., upon the following candidates, fifty-seven in number:

Anderson, John W., Athalia, Ohio; Barnard, James S., Medina, N. Y.; Becker, John G., Bethlehem, Pa.; Bulick, Thomas M., Altoona, Pa.; Burnham, Fred. I., Lowell, Mass.; Campbell, William F., M.D., Media, Pa.; Chaplain, Francis T., Allentown, Pa.; Clow, J. Bruce, Oakland, Cal.; Cowgill, Walter H., Philadelphia, Pa.; Davis, Edwin T., Red Bank, N. J.; Dewing, William H., Utica, N. Y.; Fleming, John R., Port Republic, N. J.; Fleming, Richard K., Pittsburg, Pa.; Follmer, William H., Watsontown, Pa.; Foster, John M., Nashville, Tenn.; Frame, Benjamin G., Philadelphia, Pa.; Frantz, Abraham E., Lancaster, Pa.; Gilbert, Irwin, B., Pottstown, Pa.; Haines, Oliver S., Philadelphia, Pa.; Hatfield, Walter S., South Bend, Ind.; Heermann, Valentine Z., Paris, France; Hicks, Thomas H., M.D., Bristol, Tenn.; Howell, Stephen Y., M.D., Buffalo, N. Y.; Jackson, Henry, Glassboro, N. J.; Janney, O. Edward, M.D., Baltimore, Md.; Johnson, Harry W., Cohansey, N. J.; Kirby, G. Stewart, Philadelphia, Pa.; Layman, Alfred, Philadelphia, Pa.; Maguire, William T., Philadelphia, Pa.; McNulty, Peter R., Minneapolis, Minn.; Middleton, Willis H., Philadelphia, Pa.; Miller, Niles M., M.D., Philadelphia, Pa.; Moncure, W. Peyton, Stafford Co., Va.; Murray, Arthur S., Orwell, Vt.; Murray, George E., Hagerstown, Md.; Prince, Francis C., Media, Pa.; Ranson, William C., Jr., Blairsville, Pa.; Richardson, Aubrey J., Phila-

delphia, Pa.; Ridge, Jonathan T., Byberry, Philadelphia, Pa.; Rounsevel, Charles S., Windsor, Vt.; Sackett, Edgar W., Newtown, Pa.; Sampson, Franklin S., St. Albans, Me.; Sandel, John H., Danville, Pa.; Schwenk, Clayton S., Philadelphia, Pa.; Seip, Charles L., Philadelphia, Pa.; Shaw, John Cook, Mattapoisett, Mass.; Shipley, Daniel F., Winfield, Md.; Shower, George T., Manchester, Md.; Sleght, Bevier H. B., Rondout, N. Y.; Smith, Francis S., Lock Haven, Pa.; Stewart, George Taylor, New York, N. Y.; Talavera, Ismael, M.D., Orizaba, Mexico; Thomas, Edwin R., M.D., Philadelphia, Pa.; Wade, John K., Boston, Mass.; Wiley, Edward B., Vineland, N. J.; Woodruff, William L., Camden, N. J.; Wootton, William, Atlantic City, N. J.

Of these there were from Pennsylvania, 26; New Jersey, 7; New York, 5; Maryland, 4; Massachusetts, 3; Tennessee, 2; Vermont, 2; California, 1; Indiana, 1; Maine, 1; Minnesota, 1; Ohio, 1; Virginia, 1; France, 1; Mexico, 1; total, 57.

No college prizes were awarded; the custom, after careful consideration by the Faculty, having been discontinued a year ago. Other prizes were awarded as follows:

1. A prize of $50, offered by Dr. Selden H. Talcott, Superintendent of the New York State Homœopathic Asylum for the Insane, at Middletown, for the best report of his course of lectures on insanity, delivered before the class, during the winter, was awarded to O. E. Janney, M.D., of Baltimore, Md. The award was made by a committee, consisting of three prominent physicians of New York, with Dr. A. P. Williamson, of Ward's Island Hospital, N. Y., as chairman.

2. A prize, consisting of the two volumes of *Erichsen's Surgery*, offered by W. H. Keim, M.D., Demonstrator of Surgery, to George E. Murray, M.D., of Hagerstown, Md., for the best examination in Practical Surgery.

A large number of presents from the friends of the graduates, consisting chiefly of books, medical and surgical cases, etc., with bouquets and elaborate floral designs, were then distributed to the members of the class, after which the vast audience was dismissed with the benediction by Rev. William N. McVickar, D.D., Rector of Holy Trinity P. E. Church.

Homœopathic Medical Society of Pennsylvania.—The *Transactions* of the seventeenth session of this society (1881) are now ready for distribution to those entitled to receive them.

[The published proceedings of the society will be furnished only to those members who are not in arrears.—By-laws, Art. 5.]

In this connection we would call the attention of the members to the fact that, by a modification of the by-laws adopted at the last meeting, all papers to be presented at the coming session must be in the hands of the chairman of the bureau to which they belong, at least *two months* before the meeting; also, that no paper or report presented in an unfinished or incomplete condition can be received by the society.

R. E. Caruthers, M.D.
Corresponding Secretary.

Homœopathic Medical Society of Ohio.—The Eighteenth Annual Session of the Homœopathic Medical Society of Ohio, will be held in the city of Springfield, May 9 and 10. The interest manifested in this meeting is more than ordinary; a large attendance is anticipated. These flattering prospects should induce each homœopathic physician in the State to strain every point to be present. We owe it to our patrons, to the cause, and to ourselves.

Fraternally,
H. E. Beebe,
Secretary.

MARRIED.—NEVILLE—BROWN.—On Wednesday evening, March 22d, 1882, at Chambers Presbyterian Church, by Rev. J. M. P. Otts, W. H. H. Neville, M.D., and Miss Lida T. Brown, daughter of E. D. Brown, Esq., all of Philadelphia.

SCHEETZ—SIMONS.—March 15th, 1882, at the home of the bride's parents, by Rev. R. B. Cook, of Wilmington, Del., Henry A. Scheetz, M.D., of Bristol, Pa., and Miss Lizzie C. Simons, of Byberry, Philadelphia.

WOODRUFF—WOODEN.—March 13th, 1882, at the residence of the bride's mother, by Rev. J. C. Wynn, D.D., William L. Woodruff, M.D., and Miss Julia L. Wooden, all of Camden, N. J.

OBITUARY.—THOMAS MOORE, M.D.

ON Saturday, March 25th, 1882, about 11 A.M., while Dr. Thomas Moore, of Germantown, was visiting a patient next door to his residence, he remarked that he believed he felt worse than the one for whom he was prescribing. "There," he exclaimed, "is that pain again at my heart." As he spoke, he fell back and almost instantly expired. His family and the nearest physicians were summoned, but life was already extinct.

Dr. Moore was born in 1827, and was, consequently in his fifty-sixth year. He was brought up in the drug business, and so, very naturally turned his attention to the study of medicine. He graduated from the University of Pennsylvania in 1848. He became city physician in the district of Northern Liberties, where, as an old-school practitioner, he enjoyed a large practice. After practicing seven or eight years, during which he learned of the new system of medicine through Dr. Hering, he became a convert to homœopathy. In 1856 he was appointed Professor of Anatomy in the Homœopathic Medical College of Pennsylvania, which chair he held for three years, when he was elected to the Chair of Obstetrics and Diseases of Women and Children.

In the spring of 1861 he resigned from his professorship and removed with his father-in-law's family to Germantown, where, owing to his genial manners and kindness, he soon built up a large practice, which he continued to enjoy up to the time of his sudden death.

Several years ago he had a form of sciatica, with numbness, and some atrophy of the limbs. Lately he has suffered from pains down the left arm, and the day before his demise Dr. H. N. Guernsey found his pulse only 40 per minute. He was urged to give up active business and take an evidently much-needed rest. But anxiety for his patients led him to disregard wholesome advice, the sad consequences of which we have already mentioned.

Professor A. R. Thomas made a post-mortem examination the day following Dr. Moore's decease. The immediate cause of death was internal hæmorrhage. The heart was found soft, and showed unmistakable signs of fatty degeneration.

In addition to his medical skill, Dr. Moore displayed considerable proficiency as a musician.

He was a member of our county and State medical societies, as well as of the American Institute of Homœopathy.

Among his contributions to medical literature was an able paper on "Dietetics in Relation to Infants and Children." His address on homœopathy, delivered at the eighth annual session of the Homœopathic Medical Society of Pennsylvania, was regarded as a scholarly production, commendable alike for its literary worth and excellent exposition of the truths of the medical art.

Dr. Moore leaves a wife and four children, with whom the homœopathic profession join in mourning his unexpected demise.

Genial, sympathetic, pleasant in company, and skilful in practice, he will be missed by patients, companions, and associate physicians.

M. M. W.

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, May, 1882. No. 5.

Original Department.

ETIOLOGY AND PATHOLOGY OF MALARIAL FEVERS.

BY JOHN C. MORGAN, M.D., PHILADELPHIA.

III. THE CONNECTION BETWEEN MALARIA AND FEVER.

To understand this part of the subject the first need is to have a clear notion of the *constituents* of the fever *to be produced*. Many varieties of malarial fever occur, but certain features constantly pervade them all. These are, in brief, as follows:

1. A NEUROSIS.—This, in the immense variety of the cases, involves all classes of nerves and all parts of the nervous system. (In this fact there lies a strong plea for therapeutic individualization.) In the incipient and most simple form the sensory and vaso-motor nerves are almost exclusively concerned; in more developed cases the cardiac and trophic nerves, additionally; in the still more advanced, the reflex motor nerves; in all, the corresponding inhibitory nerves, by which the others are normally regulated or restrained. These various nervous elements are, in divers degrees, thereby unduly stimulated or retarded in activity, disturbing their normal proportions; and thus, to sum up all, this neurosis, viewed both anatomically and physiologically, always consists of a *lost nervous equilibrium*, of lower or higher grade of severity and complexity, and of great variability in its details; notwithstanding which the principles of cerebral, spinal, ganglionic, and peripheral "localization" must surely elucidate the vast problem, even if it do not fully interpret every occult phenomenon. The neurotic elements may outlast or even supersede the febrile.

Therapeutic Hints.—This complex neurosis may indicate a

multitude of remedies; of these I would specify, for the incipient form, *Gelsemium, Capsicum, Camph., Puls.;* for the subacute, the same drugs as for circulation-errors; for the chronic, *Nux vom., Chin., Bellad., Rhus;* for the relics, in addition to the *first-named, Ars.*, etc.

2. Errors of Circulation.—These are of two kinds, viz.: *a*, those of the *general system; b*, those of *special regions*, the predominance and importance of which are greatest in the *portal system*, next in the *cerebral*, least in the *pulmonary;* all, however, suffer more or less in nearly all cases. *Venous* congestions prevail in all.

Therapeutic Hints.—Compare *Gels., Caps., Camph., Ferr. phos., Bell., Bry., Ipec., Ars., Natr. m., Acon., Veratr. virid., Puls., Sulph.*

3. Parenchymatous Inflammations.—These naturally occur in the same regions with the errors of circulation, and in the same order of frequency and severity, owing to localization of the aforesaid vaso-motor and trophic neuroses. Those of the *portal* sphere are nearly constant, the reasons for which will hereafter appear. It is quite probable that in all kinds of chronic neuroses one or other of these factors underlies their *obstinacy*.

Therapeutic Hints.—Compare *Ipec., Phos., Ars., Bry., Kali c., Kali phos., Merc., Puls., Bell.*, etc.

4. Fever.—In the first paper, the nature of this condition of abnormal heat was sufficiently discussed, and nothing need be added save this, viz., that here certain general phenomena suffer exaggeration, particularly that of vaso-motor spasm, with associated reflexes (chills); and also that of the *periodic subsidence* of the febrile symptoms; the periodic *return* of these, so generally magnified as if it were the prime fact, being only the *consequence of such premature subsidence*, that is, of periodic partial amelioration without full abolition, or, of *general cessation* with *regional perpetuation*, of the febrile conditions. Under the proper head of *periodicity* this will be fully considered.

Therapeutic Hints.—See the same, at the beginning of second paper.

5. Organic Lesions.—These develop in the same organs as those which are the seat of parenchymatous inflammation, the long continuance or frequent repetition of which determines, at length, connective tissue or *interstitial inflammation;* with, first, enlargement; later, sometimes, contraction of the organ affected, particularly the spleen and the liver (cirrhosis). Along with these is the *malarial cachexia*.

Unsuspected localization is the commonest, although not the sole cause of ill success in the treatment of malarial fevers.

Therapeutic Hints.—Compare *Sulph., Calc., Guaiac., Chin., Chinin. sulph., Hydrocotyle, Menisperm., Ceanothus, Bry., Eucalyptol, Rhus, Ars., Calc. sulph., Natr. m., Sil.*

Such are the constituents of malarial fevers; and now, how can these be produced by the antozonic malaria? It is, strictly speaking, necessary to establish the production thereby of the first constituent only, viz., *the neurosis;* for all the rest necessarily follows; but, to clinch the argument, the several links of connection must be welded together.

Returning, then, to the aforesaid *antozonic malarial atmosphere*, we have found it deliquescent, cacothermal, and cacoelectric, as it will be further shown to be. Its *effects on the vital organism* are to be traced, if my own observations be conclusive, in three directions, viz.: 1st, the *chemical;* 2d, the *thermal;* 3d, the *electric* effect; these, in addition to any influence of common humidity, in the every-day sense.

CHEMICALLY, such an atmosphere, if *excessively inhaled*, is capable of creating serious disturbance in two ways. On the one hand the hydrogen-peroxide is in part a deoxidizing or "reducing agent;" thus it may seriously interfere with many essential and higher oxidation-processes in the body, promoting the non-eliminative or *carbo-nitrogenoid* constitution; indeed, whatever other property may inhere in the hydrogen-peroxide, this one is prominent, the "reduction," or deoxidation of certain bodies, of which we may name the hyperoxidized salts, as Potassium bichromate and Potassium permanganate. It is not improbable that every process of hyperoxidation (for instance, the change of uric acid to urea), which ozone would assist, is initially opposed by the presence of this body in excess, casting undue, ineffective, and irritating labor upon the liver and other depurative organs all over the body, adding to their causes of disorder and provoking febrile irritation (even to parenchymatous inflammation), in the struggle for necessary oxidation; and, if fortunate, at last, a full elimination through crisis, by sweat, etc.

This reducing or deoxidizing power is, according to the "new chemistry," due to the intense and well-known affinity of the surplus atom of oxygen in this curious and unstable body, the hydrogen-peroxide, for any other surplus atom of the same in its environment.

On the other hand, to some other bodies the hydrogen-peroxide is *an intense oxidizer*. In the nature of things, accord-

ing to Professor Greene, the living tissue-cells, not the effete matters, are principally attacked in this way; hence tissue-metamorphosis, heat-production, and fever must result.

In both these respects *ozone*, as already hinted, strongly contrasts with our antozone—or with the hydrogen-peroxide; for ozone is uniformly an intense super-oxidizer, preferably attacking dead, effete matters everywhere. Thus ozone, in large doses, is ever a disinfectant; antozone, in like doses, rather an infectant.

THERMALLY, the antozonic malarial atmosphere is again capable of a *threefold* morbid activity. On the one hand, *during the heat of the day*, dense, warm, and loaded with the permanent "peculiar humidity," it must directly increase the body-heat by preventing evaporation and heat-loss, thus developing fever. The region of the fever-centres, itself, the cervico-basilar particularly, suffers from exposure to this heat.

On the other hand, during the chill of the night,* it as directly abstracts (by means of that very same permanent humidity, and by its fallen temperature and increased conduction from the body, with increased bodily radiation) the animal heat of such parts as may be exposed to it. Owing to the nightly recumbent posture, especially if lodging at or near the ground-level, the most exposed region is again the cervico-basilar, although the whole surface and the extremities may suffer. The fever-centres, weakened or irritated by the day exposure, are attacked anew and at increasing disadvantage; developing the conditions of vaso-motor spasm or CHILL, which is superadded to the heat-development under the former conditions.

In addition to these two ways, and, thirdly, the constant daily and periodic succession of these thermal alternations during many weeks and months, almost chronically irritates the whole nervous organism, a general malarial neurosis gradually appears, and therewith the various portal congestions and irritations, and the cachexia, which are so largely its concomitants.

In view of these several modes of malarial action, as well as those yet to be mentioned, we may fairly assert that whatever the malarial intensity, the vital *effect* will vary with, 1st, the bodily vigor and resistance to disturbing causes, and, 2d, with the *physical measures* of protection adopted, particularly the

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* In malarial districts, the day-heat being high, the nightly fall of the thermometer, especially in autumn, is often extreme, even *almost* to the freezing-point.

quality and sufficiency of dwelling-houses, clothing, and fires. Of all these the common-sense object is the *comfort of the skin*.

ELECTRICALLY, such an atmosphere is capable of affecting the bodily energies through the polarity of the nerves (polarizing or depolarizing them), inasmuch as all thermal excesses and inequalities in the physical world develop electrical excitement; the nerves, especially, feel this action. Moisture, too, increases the conduction and communicability of this excitement to other objects from both the sun and the earth, the living body included. A "hot polarization" during the daytime, alternating with a "cold polarization" at night; given these, and the net result is of course a distinct but unequal nerve-irritation. "Atmospheric stratification" also disturbs equality of regions, at all times, day and night, this promoting complex polarities.*

The polarization may be of several possible kinds at any time of day, viz.: 1st, by direct *conduction* of electrical currents from the body, abstracting energy; or, 2d, by *induction* of *opposite* polarities by proximity merely; or, 3d, by simple *identification of affected regions* with the adjacent polarities of earth or air. To follow these in detail would take us too far, and it is unnecessary, inasmuch as it is only required to show here the fact of electrical excitement by this agency; the precise effects are then comparable with electrization by other means more easy to analyze. We may, in brief, conclude that such an atmosphere acts on the body as a universal but unequal galvanizer as well as a direct nervous irritant. In this respect its results will partly depend on the insulating effect of woollen, or silk, or other clothing worn, especially of that next the skin, as the proper opponent to the visceral and cutaneous impressions of the "bad air" in this respect. *Humidity*, per se, has familiar actions, among which the most important have already been mentioned.

In all of these three directions fresh *winds* and *fires*, hot or cold drinks and baths, are also effective counter-agents, dissipating humidity, annulling the stagnation, promoting ventilation, and neutralizing the chemical, the thermal, and the electrical conditions present in the body, each in its own way and place, and so helping to oppose "malaria." Thus the clearing of forests, erection of good houses, maintaining fires, and numerous other devices of civilization, do afford immense relief from malaria, no less than do the special drainage of

* Compare Professor Horn's experiments; Grauvogl's Textbook of Homœopathy, Part I, page 329; II, page 212.

ponds and swamps and the destruction or removal of organic debris. Hence, also, we can see why low lands, inclosed by high hills or forests, or both, are at once fatally "cold" to sensitive vegetation, and a perfect site on which to grow all malarial diseases, as well as the "hydrogenoid constitution" of Von Grauvogl; and this, quite regardless of "poison" of any kind. Actual *frost*, finally, is equally or even more valuable as a remedy, inasmuch as it solidifies moisture, destroys hydrogen-peroxide, and arrests the malarial chemistry and its thermal and electrical concomitants, and particularly as it is commonly attended with the abundant presence of the antidotal ozone. In practical experience, too, we find the malarial temperatures insidious, because moderate and changing but gradually, with quiescence in ordinary cases, whereas frost is itself a loud warning to protect the body. Neglect to do so may indeed determine pernicious forms, but generally speaking, as is well known, malarial etiology ceases with the occurrence of frost. Practitioners may even thus judge sometimes how far to accept malarial causation in obscure but obstinate and recurrent maladies.

All diseases at the present day are practically regarded as consisting of an addition to or a subtraction from the normal substances and functions of the body; even the "perversions" are ultimately the same. Malarial diseases are no exception; their aforesaid constituents are all resolvable into the plus and minus of normal states. As in all other diseases, the morbid characteristic changes arrive duly on the application of the fitting stimuli; these are embraced in the above descriptions of malaria and its effects, which, however, need further notice.

The influence of unventilated quiescence, and of *malarial stratification* upon the atmosphere, for instance, is an important factor, during every portion of the twenty-four hours. Even in the daytime, the thermo-electric excitement of the air at the level of a man's head and shoulders differs notably from that enveloping his feet and legs; and at nightfall it is particularly impressive, when the earth-heat radiating through the humid medium promotes surface-chilling, while the highest stratum is still warm; the animal electric, or nerve currents, upper and lower, thereby caused, being entirely disharmonious, and disturbing to the vital equilibrium. The effect of the great daily and nightly rise and fall of temperature, etc., intensifies these errors.

The Skin, too, is thus shown to be at least a principal avenue of malarial attack; the precise *localization* being due to the same causes with local tendencies in general.

The sailor whose ship anchors near the shore, in Africa, if he keep away from the land-locked rivers, may *inhale* the land-breezes of the deadly continent for weeks, unharmed, as I positively know by personal experience; whilst he who spends one night ashore in the forest, in the bamboo hut of a native, becomes, all too probably, the victim of African fever. Why the difference? Only, so far as I can see, because malaria is possible only with this quiescent stratification, and peculiar chemistry and polarization of the atmosphere; only where intense terrestrial electricity, conductive atmosphere, and antozonic chemistry combine; particularly where rank vegetation or hills inclose the spot, and where decaying leaves, etc., contribute to the same. The hillsides are themselves subject to the gradual accumulation and extension of the malarial conditions, upward from the valleys, especially if in any way cut off from ventilation.

Exposure of newly broken land, as freshly dug cellars and culverts, in cities, with their cold, damp, conductive surfaces, inclosed by walls, it has often been noticed, becomes, in like manner, potent as a fever-maker, the more if the earth be charged with *oxidizable matter*, and the superincumbent air be unequally thermal, that is, superheated; thus simultaneously generating different nerve-currents at different elevations.

Similar effects ensue upon the daily and nightly variations and extremes of temperature in an intensely antozonic, if even a ventilated atmosphere, such as often occurs in August; cold nights alternating with the torrid heat of the days. Lastly, *alternate exposure of the individual* to the one and the other atmospheric state, as in successively travelling through damp, cold, wooded valleys, and over dry, warm hills, at twilight on summer days; even, indeed, standing with the back, or other part, to the sunshine, whilst the rest of the body is *in any way* chilled; or marching over cold, damp avenues in a torchlight procession, the head and shoulders heated by the flames, whilst the rest of the body is chilled; in each case occurs *atmospheric heterogeneity;* hence disturbance of the bodily polarities and equilibrium; and in all these ways, with reasonable certainty, I have known malarial fevers to arise. All such agencies, of course, primarily assail the peripheral nerves, particularly those of the skin.

I have even witnessed a fatal case of pernicious or congestive chill, with convulsions, in a young soldier in Alabama, occurring after lying all night on the cold damp ground, in wintertime; the man being on outpost duty in the immediate pres-

ence of the enemy, and thus deprived of the benefit of even a camp-fire. Similar effects have followed a like exposure in the streets of Philadelphia, and simple congelation is adequate to cause pernicious congestions anywhere.

The whole body being acted on, the malignancy is greatest; if only partial, the ordinary forms occur.

The camp-fire is the great safeguard amidst such exposures, as many have learned by experience; its effect being to ventilate, equalize the electric conditions, and warm and dry the lower strata of air, counteracting the antozonic process, and thus to equalize the whole vicinity, and prevent abstraction of heat from the surface of the body, wholly or *in parts*, and the development thereby of abnormal polarization of the bodily organs, and thus of malarious lesions. Yet the fire itself, if alone, may *aid* in the mischief, as often happens when half the person only is heated, the rest being chilled.

As in other maladies, any special disorder, or even *debility* of the body, *e. g.*, an unsatisfied stomach, or fatigue, or a depressed mind, or bad constitution (Grauvogl would say, the hydrogenoid in particular), being a source of diminished resistance, and often a direct cause of lesions, renders these so-called malarious conditions the more quickly effective in developing the pathological anatomy, as well as the morbid polarizations, and by sure consequence, the paroxysms, of malarial fever. Even after their arrest, the continuance or fresh occurrence of either or all of these conditions in full force, will almost infallibly cause a relapse; whereas, per contra, *relapses are in all cases best prevented, even without changing the residence, by attention to these particulars,* in addition to the use of the most nearly related drugs.

We are thus brought to the actual onset of a malarial fever, from the combined agency, as we have assumed, of the antozonic atmosphere and the solar and terrestrial thermo-electric forces. How then, does it occur? Can we yet show that no link is wanting to *connect* the facts with the following fever.

Rise of the body-heat, we must here premise, is not, however, the invariable constant of malarial disease, nor an invariable symptom of *the malarial state.* Indeed, we shall see that subnormal temperature is sometimes an incident of it. These cases will be considered; but the type of malarial diseases, as before mentioned, and which we are now tracing, is the febrile form, attended with parenchymatous inflammation of the various organs. The latter, we have said, is largely antecedent to, and causative of the fever-symptoms; yet it

partly results from the fever temperature itself. Hyperæmia is concomitant thereto.

A TYPICAL ATTACK of malarial fever, then, is next to be shown as connected with, and distinctly traced to the antozonic, or malarial atmosphere heretofore described; the argument thus far going to prove the insidiously irritative, and thus the fever-making possibilities of this malaria. To recapitulate, this is an atmosphere of a *peculiar kind* of humidity formed in *superincumbent strata*, near the earth's surface, possessed of marked thermo-electric qualities, most intense at the surface, less in the upper strata, yet throughout, of active, conductive and polarized quality; of low temperature, alternating, or combined with heat, and lastly, of *similar electricity with the earth itself*, and *dissimilar* to the *normal and higher atmosphere*, and in its lower strata antagonizing the *solar rays*. In short, the effect of the antozonization of the lower air is to practically add this lower air to the earth itself, and *extend the terrestrial magnetism* to the strata of which it is itself composed, and consequently to every object existing in it, vegetable, animal, or otherwise.

Certain plants (watery roots, and thirsty shrubs and trees), thrive in such conditions; others (dry warm herbs), wilt in the same; aquatic animals seek, land animals avoid them during the night when they are most pronounced. Man himself, more or less conscious of thermo-electric depolarization, if prudent, shrinks from them, adds to his clothing, builds fires, and shuts his doors and windows; often, however, so gradual and insidious are the effects, not until the morbid activities are already developing. On the following day, or if in the daytime, even the same hour, thoughtlessly, he exposes himself to the direct solar rays, in all their intensity, causing aggravation of the mischief already begun, by means of *alternating extremes;* and these alternations are repeated again and again and again, until the cutaneous nerve arrives at a state of *malarial irritability;* the vaso-motor centres ditto; and the "neurotic" grade or stage of the *malarial state* is set up. Many errors of sensation and of mobility are now noticed, such as pain, languor, cold feet, hands, back, slight general chilliness; then a little excitement of the heat-centres, and hence a slight increase of body heat. We thus have the first, or incipient stage of malarial fever complete. (Compare *Gels.*, *Caps.*, *Puls.*)

Meanwhile, a specialty of error is insidiously inaugurated, I may assert, uniformly, in a certain tract of the vascular system, viz., the abdominal.

The *portal vein* and its branches, valveless, muscular, artery-like, but depending largely on the inert sympathetic or ganglionic nerves, and thus but imperfectly controlled by vaso-motor apparatus, normally vie with the numerous large arteries of the viscera in the intense vascularization of this tract, and this being itself dominated by the circulation of the liver, with a slow blood current at best, and with the connivance of the distensible spleen, is capable, in morbid states, of receiving a much larger share of blood than belongs to it, and, as if independent of the general body, retaining this blood indefinitely, to the great injury of all the abdominal organs, and of their functions, as well as of the rest of the body, directly deprived of the same blood, and impoverished.

One of the earliest and most obvious effects of the general vaso-motor spasm, derived from cutaneous irritation, is this *disproportionate congestion* of the *portal* system. This is admitted, not only by the country doctor, who swears by the *liver*, but by the scientist, who diagnoses parenchymatous inflammation of the affected organs; yet is its influence but poorly and empirically perceived, or even forgotten. It is also *progressive;* every paroxysm (or exacerbation) increases this congestion, and magnifies all its bad effects, including the said parenchymatous organic lesions.

The aggregate of these conditions, with the *vaso-motor neurosis* causing the chill-movement, I regard as the essential basis of all malarial pathology. With permission I propose to term it "PROGRESSIVE PORTALISM." The special portal congestion is and remains thus "progressive," because, and so long as, the malarial vaso-motor neurosis remains permanent, to provoke it; itself, in turn, provoking the visceral lesions, which react again in vaso-motor and calorific errors. Thus is formed a complete circle of vicious action, which, like a malignant tumor, reproduces itself so long as any single constituent remains uncured, showing most complex therapeutic indications in every confirmed case, and to which no one drug, as Quinine, can possibly be adequate. Within this "vicious circle" lie all the symptomatic possibilities of malaria, periodicity included; and here, too, arises, as it seems to me, the MYTH of obstinate malarial poisoning; the bad therapeusis, based on inaccurate pathology, alone realizing that phrase.

"Parenchymatous inflammation," the early concomitant of hyperæmia everywhere, forms a part of the incipient malarial fever, above described; at first, mild, yet, owing to the progressive portal blood-stasis, rapidly advancing, and confirming

the disease, involving* the functional cells of the liver, of the spleen, the splenic blood, and the pancreas, as well as the stomach, and the bowels. Even the bronchi, the lungs, the skin, the muscular and nervous tissues, all, in divers cases, in varying degrees, undergo like changes. In this process, not only are the cells themselves affected, multiplying their nuclei, and later dividing themselves, but simultaneously occurs small-celled (white-globule) infiltration, or (Beale's) increased bioplastic formation.

Thus, extensive and serious localizations occur, and ripen to worse results, all unconsciously, too often, to the routinist doctor, however loudly proclaimed by nature, protesting against his "specifics." Such lesions are rarely painful, as to the affected organs, but *the sympathetic symptoms all refer to the hidden changes;* here, however, physiology commonly loses her scent.

The *cure* of all these in their totality, this, and nothing else, is the cure of malarial disease; hence, *minute diagnosis* is the first step to a scientific (*i. e.*, truly homœopathic) prescription.

At the beginning, as seems evident, the most similar remedy must be of a class related by specific affinity, primarily, to the nerves originally impressed by the antozonic or malarial atmosphere, viz., the superficial, peripheral, cutaneous nerves. Other peripheral nerves, indeed, may have aided in the morbid beginnings, as, for instance, those of the stomach, etc., when dietetic errors were committed, and they may even predominate. In the former case the curative is *Capsicum*, *Gelsemium*, or some similar "animal excentric" drug, *i. e.*, such as are in direct affinity with *peripheral cerebro-spinal nerves*. In the latter variety they may still prove paramount, or may be overshadowed by "organic excentric" drugs, such as *Ipecacuanha*, *Pulsatilla*, and the like, having direct affinity with *peripheral ganglionic nerves*. Later, "centrics," as *Bell.*, *Nux v.*, *Rhus*, and *China*, may obtain the succession through development of an ultimate central lesion. This later involvement of the *nerve-centres* is more or less sure, as well as speedy, according to the habitual central activity, the centric temperament, idiosyncrasy, or individuality of the particular patient. This we may not also term a neurotic form of the malarial state, inasmuch as, simultaneously, the parenchymatous changes of various organs occur, and are of more commanding importance, although the drug-selection must now correspond to the central nervous ir-

* *Vide* Mosler, Friedreich, Wagner, etc.

ritation, as well as to the visceral—and thus will fall upon the nerve centrics, that is, upon the already-mentioned "medullo-spinal" drugs, as *Belladonna*, *Nux vomica*, *China*, *Rhus*, and *Eupatorium*, all of which are "animal or cerebro-spinal centrics," that is, are in direct and primary affinity with the medulla oblongata et spinalis.* Thus, it is right to speak of the incipient stage of malarial fevers, when organ-changes are yet scarcely discoverable, as the "neurotic" stage, and to keep distinctly in view the corresponding drugs, as the only possible curatives in that stage, whilst later states demand a different series. A sound theory always underlies sound practice.

To sum up the steps already taken, the malarial or antozonic atmosphere is connected clearly, physiologically, necessarily, and without mystery, with the development of malarial fever, *from its beginning to its conclusion*, aside from any effects of inhalation, by the following links:

First Link. This is a *peculiar cutaneous irritation;* moderate (except in "pernicious" cases, where it may lead to collapse); usually, inconspicuous and gradual; daily, intermitting or remitting; unequally distributed; thermo-electric in nature; and for all these reasons, insidious; differing at once from the transient, sudden, and violent cutaneous shock which determines a pleurisy, or other phlegmasia, and from the conspicuous, continuous, uniform, and moderate irritation of a chronic skin-disease. Furthermore, the unequal distribution of this malarial irritation is owing to various causes; primarily, to the peculiar stratification of the antozonic atmosphere, and, consequently, its unequal impression upon the various regions of the body; secondarily, to unequal protection by clothing, arrangement of living and sleeping-rooms, of heating and ventilating apparatus, etc.; exposed parts being most affected, of course, *cæteris paribus*.

The peculiarly stratified atmosphere owes its abnormal and irritating influence on such parts as it may impress: first, to its antozonic humidity; second, to its quiescent, insidious, permeating physical state; third, to its power of rapid conduction and abstraction of the body-heat, on the one hand, and of its rapid accumulation, on the other hand, by night and by day, respectively (both due to its peculiar humidity); fourth, to the thermo-electric conditions, to which it is itself subjected by

* The strictly peripheral, or "cortical" gray matter of the cerebral hemispheres ought henceforth to be entirely excluded from this list of "central" brain-ganglia. Only the spinal gray matter, with its intracranial prolongations, the medulla, pons, and other basilar organs, can be so-called, in truth.

its contact with the earth, in its character of peculiar humidity; in other words, by the aforesaid property of rapid conduction, it speedily becomes *one with the earth itself*, as to its heat, and also its magnetism, especially in its lower strata; and bringing every living thing contained in it into practical unity with the earth-dynamics; or, in still other words, into *practical underground conditions;* fifth, according to the stratum in which they exist, these effects are unequal at different elevations; hence, they influence the human body in divers parts unequally, and this also variously, according to its erect or recumbent posture; for all these reasons the effects on the skin are *unequally distributed.* As before stated, they are daily intermittent or remittent, owing to the complete or partial dissipation of the antozonic atmosphere by sun, wind, diversity of exposure, etc.; hence, the subsequent phenomena are the more inclined to be intermittent or remittent. The body itself is also (normally) alternately stimulated and depressed twice daily by the independent action of the solar heat and magnetism, similarly to the tide-waters, plus and minus (see "Periodicity").

This unequal distribution of cutaneous irritation may be further complicated, and the morbid effects accelerated, increased, and modified, by alternate, and even by *simultaneous but partial* exposure of the body to the intense solar heat, as already indicated.

Lastly, other peripheral nerves (*e. g.*, the gastric, as in indigestion, also parts acted on by drugs), may *add* their disturbances to the strictly malarial irritations above described, augmenting and complicating the results.

Second Link: This consists of the development, by the aforesaid peripheral irritation, of *centripetal nerve-currents*, beginning in the irritated surfaces, and thence proceeding to the nerve-centres, whereby the vaso-motor nerves are gradually excited to reflex action, and thus they supply the vaso-motor elements of the neurosis, and hence the

Third Link, viz.: *Abnormal Circulation.* This obtains in two particulars, that is, there ensues a separate affection of the general circulation, and of the portal circulation; simultaneous, but unequal and comparatively independent.

The *former* is accounted for by direct and reflex impressions, wrought by the cutaneous nerve-currents aroused by the malarial magnetism and superficial heat-loss, assaulting the vaso-motor nerve-centres, and being thence returned upon the whole cardio-arterial tract, determining vascular spasm and chill, followed by reaction.

The *latter* presents interesting peculiarities, at least six in number, and already partly referred to, viz.: 1st. Mechanical engorgement of the portal vein and its branches, by general arterial spasm, compensating for the retreat of blood from the chilled and anæmic extremities ("compensating hyperæmia"); 2d. Gradual, irritative engorgement, concomitant to the inflammatory cell-metamorphosis ("inflammatory hyperæmia"); 3d. Engorgement or mere febrile *vis a tergo* ("febrile hyperæmia"); 4th. Paretic engorgement from cardiac slowing and inhibition by peripheral shock. Pernicious cases show but the same, only in profounder degree; 5th. Engorgement from solar-plexus and splanchnic-nerve-paralysis, directly involving the muscular portal veins, from similar shock; also seen in profound degree only in some pernicious cases; 6th. Engorgement from added drug-shock or excitement (either central or peripheral), in some cases. Each form demands its own peculiar drug-similar. The connection of this link is plain.

Fourth Link: The other elements of the *malarial neurosis*, conjoined with the vaso-motor, viz.: the irritation of the cardiac inhibitory nerves, the calorific, and the trophic, or nutritive centres, in the medulla oblongata et spinalis, extending also to the secretory, the sensory, and the muscular nerve-centres. All of these are fairly attributable to the original, but metastatic irritation of the peripheral nerves; occurring at first only functionally; later, organically. This link, too, is established.

Fifth Link. Together, all these causes confirm the essential pathological element, portal hyperæmia, which, forming a ready diverticulum for the displaced blood of arterial spasm, of course congests the portal organs, the liver, spleen, etc., and this, again and again; and now parenchymatous inflammation of the said organs speedily develops from the hyperæmia (with trophic excitement), and is aggravated by the heat; also, again and again. Thus, *progressive and cumulative congestion with progressive and cumulative parenchymatous inflammation* occurs in the portal system, as the malady goes on. Indeed, the much-abused word, "biliousness," is, in malarial districts, almost a synonym for malarial trouble, by reason of the uniformity of this portalism.

Its cumulative nature surely, though obscurely indeed, and constantly, adds to the visceral lesions, and to the degeneration of the blood in successive crops by splenic and hepatic congestion, and febrile oxidation. The obscurity, submitted to, bars prompt diagnosis, and impairs scientific precision in practice, in all schools; hence, frequent physical exploration of the portal organs, usually the only sure means of knowledge, must

never be wanting, even when no febrile phenomena are conspicuously present. Let this be the uniform rule in all of the diseases of malarial districts; the thermometer should also be regularly employed in all doubtful or obscure cases, not forgetting to inquire for *sub-normal*, as well as for high temperatures. Even in apyrexia, frequent examination and record should be made.

Thus, we have condensed some basal facts of malarial diseases to two lines of phenomena, viz.: the neuro-vascular and the inflammatory (parenchymatous, mainly), both being progressive and cumulative. *These two lines* of malarial development vary with many obvious conditions; among them, we observe predominance of chill (vaso-motor spasm), and of the whole neurosis, when the *antozonic refrigeration* prevails, but portalism is greatest when the solar heat is also very intense. Dietetic errors promote both elements to some extent, but they incline to portalism especially.

It is well to state here, that all the malarial phenomena and pathological elements, up to the time when the malady has begun to exhaust the febrile material, are likewise progressive and cumulative. This includes the *neurosis*, and this it is, without doubt, which underlies periodic chills.

Sixth Link: The last observation introduces this, viz.: the development of the *malarial neurosis*, in detail. This differs in intermittents and remittents—partly in kind, and partly in proportion. Vaso-motor, trophic and calorific symptoms occur in both, but in intermittent the first two predominate over the last, whereas, in remittent, the last two exceed. Moreover, in confirmed remittent, the vaso-motor centres are paretic, whilst in intermittent they are spastic. The paresis may be laid to the continuity of the febrile temperature, and of the local lesions: the spastic state, to the recuperative influence of the apyrexia upon the vaso-motor centres, in restoration of their irritability to the spastic standard; the chill is thus in one sense, the fruit of the apyrexia. Again, the ganglionic nerves (the splanchnics, and the solar plexus) seem to bear more of the brunt in remittent than in intermittent, and the ganglionic drugs more frequently find place, particularly those of the centric class, *Aconite* and *Veratrum viride*, which are nearly useless in common ague. These are sometimes indispensable in malignant remittents in the early stages; they are also important in pernicious congestions, without febrile reaction; later than *Camphora*, and earlier than *Arsenicum*, etc.*

* See Transactions of the Homœopathic Medical Society of the State of New York, for 1868.

The periphery of the spinal nerves, cutaneous and muscular, participates in the symptoms of both intermittent and remittent fevers; the visceral branches of the same, and of the medulla (the pneumogastric, etc.), do likewise.

In studying *intermittents*, in connection with the malarial neurosis, we note that the vaso-motor spasm which we call *the chill* is both like and unlike that of the acute inflammations, particularly of pneumonia; for in this a single, hard, *initial*, non-recurrent chill is characteristic, while in intermittent it is hardly ever initial, but gradually and progressively develops, and is recurrent. Pneumonia and remittent fever much more closely resemble each other; the element of "portalism," however, distinguishes the latter. Nevertheless, pneumonia, in a malarial district, is, like every other malady in the same district, sure to be *a complex of both forms of disease*, and must be so regarded, unless malarial conditions can be excluded, owing to existing freezing temperatures or personal absence from malarial surroundings prior to the attack.

In neither pneumonia nor remittent is the initial chill repeated, unless a sudden and wide extension of the area of local lesion supervene; then, in either, it may recur; or, again, in the latter, with the subsidence of remittent lesions and of fever-heat, intermission may first happen, and then a chill, or a series of them; for it often thus becomes an intermittent fever on the way to health; or, again, intermission of this kind may occur with no chill after it, with only recurrent *heat;* all of which must be watched for, to do one's full duty to malarial cases. In malignant remittents a semblance of chills also presents, in the form of (periodic) great increase of visceral congestion, with cold extremities (due to "compensating anæmia" of the same). The phenomena seem to result *from cumulative cardio-vaso-motor paralysis*, not spasm; *the heart* being principally at fault. (*Veratr. vir.*) Here venous congestion depends on a quite different cause, viz.: the *vis a fronte* of cardiac inertia (inhibitory or otherwise).

The intermittent, or rather the *recurrent* malarial chill is a unique and difficult problem, which the germ-theory does not really solve in any degree. It is intimately allied with another problem, as little to be explained by that theory, viz.: *periodicity*. The two problems are usually confounded, but may and should be separated, however. The latter shall, therefore, be deferred, and the former exclusively engage our attention at present. First: the intermittent chill is probably, like all other chills or vaso-motor spasms, directly connected

with bioplastic or cellular *infiltration of tissues*, as cause, effect, or concomitant. Second: it occurs *after an apyrexia;* that is, when the subsiding parenchymatous inflammatory *lesions* of the portal and other organs have reached and passed the *minimum of activity*, through the *previous crisis of sweat*, and most frequently when, therewith, the body-heat has also reached and passed one of its two normal daily minimum points, these points being just before noon and just before morning.* Third: peripheral parenchymatous inflammations now reassert themselves.

Long before the patient recognizes the onset of the chill it insidiously begins, and visceral irritation, infiltration of tissues, etc., signal to the nerve centres; rise of the internal body-heat advances; hours later comes the hard chill, in which the recently exhausted, but recuperating *vaso-motor centres* in the medulla oblongata, are for the time unquestionably active, the preceding peripheral irritation or excitement duly and antipathically leading to this. (Quinia simply antipathically stimulates the centres to resist.) The adjacent muscular centres often as unquestionably partake in this activity, as shown by shuddering, and even convulsions, in some cases.

I hold that *any* convulsion is but the chill-stage of some irritation; and in all these phenomena we have a reminder of epilepsy; only, in the latter the muscular discharges are paramount. In epilepsy there is congestion of the medulla and pons, with primary anæmia of the cerebrum, the great inhibitor of the convulsive centres, and oftentimes, with chronic visceral disorder. A similar cerebral anæmia may be predicated in intermittent chill, as shown by pale face, etc.; but the withdrawal of cerebral inhibition from the bulb, in this case, contrary to epilepsy, applies to the vaso-motor convulsive centres, rather than to the general convulsive (except in certain "pernicious" forms). It seems not unjustifiable, in view of this analogy, to speak of intermittent chills as essentially *vaso-motor epileptoid*. Then, just as are epileptic fits, they may be recognized, as in the main, an intense *motor*, but particularly *vaso-motor neurosis!* (Heat *to the brain*, in both, is more rational, if this view be accepted, than its usual application to the extremities.)

This vaso-motor convulsion directly leads to the cumulative portal congestion, to the increase of parenchymatous inflammations, and the febrile heat. Thus the original cutaneous irritation, by establishing the neurosis, has developed all

* *Vide* Wagner's General Pathology, "Fever." Also Grauvogl's Textbook, part I, page 57.

that has followed. The chain of connection between antozonic malaria and malarial fevers seems well-nigh completed; but there still remain three other phenomena to be accounted for, viz.: the unique speedy crisis of sweat, and the subsidence of febrile symptoms therewith, *pro tem.;* the periodic recurrence of the paroxysms, commonly called "malarial periodicity;" and the "malarial cachexia."

Seventh Link.—The sweating stage of intermittent fever is indeed unique, viewing the disease as connected with parenchymatous inflammation, which always tends to run a course, and which any form of crisis necessarily interrupts and abridges, if it do not even terminate it. This subject merges into the succeeding one, but must still be kept distinct. Then we raise the question—what is the cause of the abrupt interposition of the crisis, despite acute organic changes, not yet terminated; and why should the pyrexia, in spite of these, thus terminate? The answer is akin to that which shall show why it should return, at a definite time; but is not identical with it. With the crisis the swelled and tender liver is ameliorated, and other parts improve (only this), until the next "bad day" arrives. Why, then, does the crisis occur?

As fever is commensurate with the lesions underlying it, it follows that the interruption is evidence of either, 1st, exhaustion, in some manner, of the febrile material (the inflammatory formations); or, 2d, of the effectual inhibition of the trophic and calorific nerve-activities towards the end of the paroxysmal period;* or, 3d, of the febrile origination of some febrifuge or antipyretic product. Under the first head it is to be noted that in the ague fit the heat rises with almost unequalled rapidity, often to 104° F., and higher, continuing thus for a long time; that this heat-rise is out of all proportion to the local organic lesions; and that whilst the sources of heat are at least twofold, viz.: parenchymatous (cellular, bioplastic) *inflammation* plus *oxidation*, the one prevails over the other in divers cases, each showing its own peculiarities. Now *oxidation* being the greatest in this case, as shown by abundance of its urinary products, the process exhausts itself so soon as the stored-up materials of combustion become exhausted. The materials of combustion are *glycogen*, supplied mainly by the portal organs, the liver proximately; 2d, the fats of the blood and tissues; 3d, the nitrogenous elements of the same; and lastly, those of the food.

Hyperoxidation, then, appears as the most prominent secondary febrifactor in intermittents; whereas, in remittents, paren-

* See in January number, "Nature of Fever in General."

chymatous inflammation is most marked; neither being quite lacking, however, in the former or in the latter. Hyperoxidation and rapid consumption of oxidizable matters is, thus, one good reason for the crisis of sweat and the termination of the ague-heat. Parenchymatous inflammation, hence remittent, is, on the contrary, more prone to defervescence by *lysis, i. e.*, by gradual subsidence of heat without sweat, or other critical evacuation; *pari passu* with the subsidence of the local lesions.

From these points, in any febrile disease, we may perhaps estimate the proportion of the two febrifactors existing; and in the relief of dangerous hyperpyrexia, as well as in milder cases, may direct our efforts intelligently to the root of the matter. With the former, compare *Bellad.;* with the latter, *Phosph.*, etc.

The *reason* for such extraordinary rapidity of combustion and exhaustion of the oxidizable matters in the paroxysm may be found, 1st, in the excessively active nerve-centres of calorification; this being but a part of the malarial epileptoid neurosis, and not more difficult to understand than that which determines the arterial spasm; 2d, this implies paralysis of calorific inhibition, still in the sphere of pure neurosis (and still analogous with epileptic motor plus in the bulb, with its inhibitory minus in the cerebrum, etc.); 3d, still more reason for excessive rapidity of oxidation during the paroxysm, and exhaustion of the fuel for the same may yet be demonstrated in the simple fact of excessive inhalation of the antozonic malaria—the hydrogen-peroxide; which, as already stated, is a powerful oxidizer of some bodies; but of this quality we as yet know too little to speak confidently. In any event, this link would be sufficiently complete if no other reasons than the above were found for the crisis of sweat, and the termination of the paroxysm. This crisis, now, introduces a new element, a possible *subnormal temperature*, during the *normal hours* of heat-fall, and which cannot be without fruits of its own, viz., a new and autopathic refrigeration, analogous to but *independent of a new malarial exposure.* Thereupon occur the conditions of a new chill or arterial spasm, ready, on the arrival of the normal hours of heat-rise and nerve-stimulation, by solar (or terrestrial?) magnetism, to declare themselves in active attack upon the reaccumulated fuel of the body.

It is important to observe here, that one of the favorite hours of chill is also one of the greatest atmospheric electric tension,* but of lowest normal body-heat, viz., 11 A.M.†

* *Vide* Reports of the Signal Bureau, United States Army.

† Wagner's General Pathology, *loc. cit.*

The second possible reason for the crisis of sweat and subsidence of fever-heat, mentioned above, is renewed inhibition of the trophic and calorific nerve-functions, gradually developing during the heat itself, and by its means finally asserting itself against the rapidly overworked and weary calorific centres of the bulb. In epilepsy it is probably true that the trachelismus (or spasm of the muscles of the neck and larynx), compressing the veins and congesting the cerebrum, brings about the necessary nutritive hyperæmia of the latter, the want of which spoiled its inhibitory power, *pro tempore;* and that thus only can the paroxysm cease (the primary cerebral anæmia being often provoked by some peripheral point of reflex irritation). In the ague-paroxysm the analogy still holds. The similar cerebral anæmia coincides with the chill-stage; the congestion of epileptic trachelismus agrees with the general congestion at the end of the chill; the nutritive hyperæmia increases in the inhibitory regions until the arterial spasm ceases, as it does in epilepsy, then follows the process of gradual restoration of the vascular system to equilibrium in the heat of ague as in the sopor of epilepsy. The continuation of febrile hyperæmia having more and more nourished the inhibitory nerve-tracts, and with them the secretory centres, these more and more reassert their powers, and the excessive excitement originally set up by the malarial neurosis in the trophic, calorific, and cardio-vaso-motor nerves is more and more resisted, until the heat falls, the parenchymatous inflammations are put in abeyance, and the secretions pour forth in crisis from the skin, kidneys, etc. The constituents of these fluids, and their influence, will be considered under the third head.

As the epileptic spasm ends with hyperæmic sopor, so the ague-spasm ends with hyperæmic pyrexia. In both cases something abnormal remains after the spasm. In ague the trophic and calorific as well as the cardio-vaso-motor nerves are found in excessive action, which finds its rational parallel in epilepsy only in the "status epilepticus;" but as the congestive sopor of epilepsy is the *remnant of the convulsive* excitement, so also is the fever-hyperæmia the remnant of the chill-excitement; so that we read in the ague-heat, only a part of the conservative response to the original antozonic irritation—showing simply that this has not, until the paroxysm is completed, again passed *fully* under the inhibitory balance, and that the *original neurosis* is still, so far as these phenomena can show, the paramount febrifactor.

Thus, under the nerve-theory, we may likewise complete the link of crisis by sweat, helping to form the chain of connection between antozonic malaria and malarial fever, in all its stages.

The third and only remaining possibility for the production of crisis at the end of an ague-fit is that of some febrifuge or anti-pyretic product of the fever itself, which, accumulating in the blood up to a certain point, becomes capable of compelling the phenomena of sweat, etc., by one of two ways, viz.: by acting on the nerves, in one or more of the above methods of nervous action, or by direct assault upon the secretory glands themselves. In both of these ways, we may believe, this effect may be wrought. The nitrogenous ash, urea, contained in the febrile blood, is partly expelled, but increases rapidly as the fever goes on; like many other crystalline nitrogenous bodies it possesses unmistakable narcotic properties, whose effects are largely related under all circumstances with the secretory functions (*e. g.*, in Bright's diseases). In the present case it probably stimulates the secretory nerves, directly. In addition to this narcotic body, the urinary and perspiratory *salts*, products of the intense combustion of the fever-heat, are also accumulated in the blood to excess. These show a perfect affinity for the several secretory glands alluded to, and may finally force passage through their structure as compulsory diuretics, diaphoretics, etc., carrying with them the accumulated water. This, however, unassisted by more permanent and radical nerve-changes is *no cure*, it is only an allopathic palliation; the anatomical conditions, the neurosis, and the portalism still remaining, the chemical corrections are necessarily but palliative and temporary. Thus, the pause will prove perhaps only a remission, not even an intermission; or, if there be an intermission, the remaining anatomical conditions surely foretell a speedy recurrence, and *periodic* symptoms become inevitable. With little doubt, however, these chemico-secretory events form part of the reason of febrile crisis, particularly in intermittent. Thus, a threefold welding assures the integrity of this link in the pathological chain which we seek to forge, that of the "crisis by sweat," etc. The therapeutic requirement is plain.

Eighth Link.—This is the so-called "Malarial Periodicity." The subject is, however, of prime importance, and must be considered separately.

ACCIDENTAL PROVING OF ARNICA.

BY T. S. DUNNING, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

M. A. D., a widow lady of sixty-two years, had a bunion which occasionally inflamed and threatened to suppurate, giving her great pain and being attended with intense soreness. For this she had been accustomed to use with success the tincture of arnica flowers. An attack attended with excessive sensitiveness coming on, she applied for tincture of arnica, and was given the tincture of root and leaves as furnished by Boericke & Tafel, one half strength. She was warned of its greater strength and told to apply it diluted with two parts of water, making it one-sixth of the full strength of the tincture. I do not think this was fully carried out, however. The toes and feet to the instep were well rubbed with the preparation once a day, and at night a bandage and compress wet with it were applied. The inflammation did not end in suppuration, but in a few days a scarlet blush spread all over the front of the feet and the cellular tissue became puffed and infiltrated to such a degree as to cause the hard, caked feeling that we find in true erysipelas. The soreness was very marked and it was agony to the patient to wear any kind of a slipper or to put the feet to the floor, though this passed off some on going about.

This continued one or two days, when vesicles formed over the surface. After a few days the symptoms disappeared.

Some time later, the foot having been sprained, the arnica was again applied, this time in the proportion of one-fifth or one-sixth. In a few days the inflammation and the blisters again appeared, this time the vesicles discharging freely so as to stick the stocking to the foot. This was from one application. Was this from the irritation caused by the wet dressing, or was it the result of the specific action of the arnica absorbed through the skin? I think the latter, for like dressings and rubbings had been practiced by the same person repeatedly before, and no such irritation had developed. Then the repetition of the symptoms from a lessened dose is another point in the proof. Other cases are on record as to like effects.

This case shows the superior strength of the tincture made from the root and leaves over that from the flowers. It calls for extra care in the use of a remedy which is becoming common in many households, and shows the need of using a weaker solution than the pharmacists advise.

DISCUSSION ON ARNICA, ETC.

(By the Philadelphia County Homœopathic Medical Society.)

REPORTED BY C. BARTLETT, M.D.

Dr. Dunning stated that Dr. Morgan had intended to read a paper on *Piscidia erythrina*, and asked that members of the society enlist as provers to enable Dr. Morgan to further elaborate his paper, which would be ready for the next State society meeting. The drug may be obtained at 206 Market Street.

Dr. Farrington, in answer to a question propounded by Dr. Morgan, stated that he did not know what had become of Bœnninghausen's records, but he supposed, as some of his descendants practiced medicine, that they were still in possession of the family. His records were kept with the greatest care; and when he made a prescription it always worked.

Dr. Trites: In intermittent fever too?

Dr. Farrington: Yes, in intermittent fever, and Bœnninghausen, by the way, *never* used Quinine. Now, with regard to Arnica, it was supposed for a long time that the vesicles were due to an insect found in the flowers, something similar to the Spanish fly. Dr. Dunning's proving show that the tincture made from the roots and leaves produces similar effects, or that the leaves used contained some of the insects. It would be an interesting point to note whether or not the tincture made from the root will cause an eruption, such as has been described to-night. He did not think that the strength used by the doctor was required, as we can get the full effect of the drug from a much less quantity.

Dr. Morgan thought as Alcohol itself was a powerful irritant, its influence should be eliminated from the case. If a limb were wrapped up with Alcohol, or any other irritant, and protected from the air, vesication might occur. The symptoms of Arnica and Rhus tox. are very similar. They both have aggravation on motion with relief from continued motion. Now, a word with regard to the winds as suggested by Dr. Farrington's paper. We use *Aconite* for the effects of cold west winds. In the proving, *Aconite* is recommended for the effects of the east winds. In Europe the east winds coming from over the mountains of Russia correspond to our west winds. Dr. Morgan had met with two instances where *Arnica* 2^{x} had been given after parturition, and within twenty minutes had been followed by hæmorrhage. He had not observed the same effect from Arnica 200th.

Dr. Dunning said that the tincture used was prepared from

the root and leaves together. There were all the signs and symptoms of a true erysipelas in the case, malaise, chilliness, fever, etc. The vesicles were distinctly formed, and discharged a yellowish serum.

Dr. Morgan: Was it not prepared with pure Alcohol?

Dr. Dunning: No, it was prepared with dilute Alcohol.

Dr. Farrington, on thinking further over Dr. Dunning's case, believed that it might very well have been a case of true erysipelas. The "east," in German provings, should be read "west" in the American translations, but in Dr. Dunham's "Bœnninghausen on Whooping cough," this transposition is not made but explained in a foot-note. Dr. Toothaker speaks of the use of remedies of domestic repute. For years, *Calendula* was a popular drug in Germany for cuts, bruises, old ulcers, etc., and was used almost as extensively as Pond's extract of Hamamelis is used in this country. It became the custom of homœopathists to use it in the treatment of wounds to prevent or retard suppuration. The New York *Medical Record*, December 31st, contains quite a lengthy article on the use of Calendula in aural affections by an allopathist. A long history of the drug is given, and its use is credited to homœopathic physicians. We have provings of the drug recorded in Allen's *Encyclopædia*. It is interesting to note how accurately the symptoms agree with the popular use of the drug. It produces bruised, sore sensations, an ulcerated feeling, and bruised aching soreness in the joints. Popular remedies should not be discarded because they have not been proved. Some time ago Dr. Toothaker recommended *Erecthites* as a remedy for hæmorrhages. Quite recently Dr. Marsden recorded the effect of this drug on his horse. On two occasions, while visiting patients, the horse in the doctor's absence fed himself on the *Erecthites*, and each time this was followed by a bright red, profuse hæmorrhage from the mouth and nose.

Dr. Mohr was inclined to believe that Dr. Dunning's patient had erysipelas, irrespective of the use of Arnica. He had never observed an erysipelatous eruption follow the application of the tincture made from the root, although he had used it frequently, but largely diluted.

Dr. Dunning said that during the many years he had been acquainted with his patient, she never had had an attack of erysipelas. Dr. Farrington should admit this proving as readily as he does that of *Erecthites* by Dr. Marsden's horse.

Dr. Korndoerfer agreed with Dr. Dunning that the Arnica had something to do with the erysipelatous inflamma-

tion that followed its application. In using Arnica locally, he added one drachm of the tincture to about half a pint of water, and had found that strength sufficient for the reduction of local inflammation. Dr. Hering used to say: Never apply Arnica to an abraded surface, and with that Dr. Korndoerfer coincided, for on several occasions when he had disregarded this advice, the drug gave rise to a decided burning pain and swelling of the parts. He differed with Dr. Morgan in regard to the use of Arnica after labor. He had used it many times, and only once observed hæmorrhage, and then Arnica had been given in a high potency.

Dr. Dudley, when practicing in the country some years ago, treated a gentleman who claimed to be very susceptible to the action of Arnica, and requested that Arnica should never be given him. One day Dr. Dudley attended him for facial neuralgia. The pain was over the malar bone, and was attended with an intense bruised soreness. Arnica would have been prescribed, but for the patient's expressed wish to the contrary. Rhus, Bryonia, and other medicines were given without benefit. Finally *Arnica* 3x was administered with the effect of almost immediately relieving the pain. Instead, however, he had an erysipelatous blush over the side of the face. That case was evidently one of suppressed erysipelas, and Arnica relieved the condition. Dr. Dudley quoted Dr. Dickson to the effect that the east wind was alike the world over.

Dr. Morgan said that the character of a wind was always influenced by the land or water over which it passed. Dr. Dudley in his case had a medicinal aggravation, and the same is true of Dr. Korndoerfer's case of hæmorrhage following the use of Arnica 200th. If our provings are worth anything we must admit medicinal aggravations. In case of bruises with sore-bruised pain, accumulation of blood beneath the skin, *Hamamelis* is a good remedy.

Dr. Farrington did not say that the symptoms of Dr. Dunning's proving were not due to the Arnica; he only asked to record a doubt which is probable and possible. Dr. Dunning thinks that if the Erecthites cases is accepted his proving should be. They are not parallel cases. In the Erecthites case there was no disturbing third point, no disturbing element from without, while in the Arnica case there was.

Dr. Korndoerfer did not wish to be understood as attributing the post-partum hæmorrhage in his case to the Arnica high. In a practice of sixteen years, he had not observed any greater number of hæmorrhages after Arnica than when Arnica

was not used; in fact there seemed to be less. After labor the womb muscle is sore and bruised from its overaction, and here Arnica comes in to tone up the muscle, and lessen the liability to hæmorrhage.

Dr. Mohr approved of Dr. Toothaker's efforts to enlist provers. He thought every young physician should make one or more provings. Knowledge of drug effects gained in that way is invaluable to the homœopathic physician. He hoped Dr. Morgan's invitation to prove the Jamaica dogwood would be accepted by as many younger members as possible. Dr. Mohr read extracts from a letter received from Dr. S. A. Jones, who is proving the *Lappa major*. He says: "I have made some remarkable cures of prolapsus uteri with it, no mechanical aids being used. . . . . Of course, without provings one has not clear indications for it, but here are some clinical facts. The greater the relaxation of the tissues, the more atonic the condition, the better is Lappa suggested. If the uterus feels *sore*,—an exquisite *soreness*,—not acute pain, or if either ovary, but notably the right, is *sore;* if the urine is somewhat abundant and *alkaline* (it must be *neutral* or alkaline in Lappa conditions), and if it contains *amorphous* phosphates, then Lappa is as well indicated as it can be *without* provings. . . . . I must work faithfully to find out its exact place. It is a great shame (of course!) to add to our already too large Materia Medica, but Lappa work can be done only with Lappa, and in that dilemma there is but one choice." Dr. Mohr hoped some of the members of the society would aid Dr. Jones, and especially urged the lady members to participate in the provings.

OUR MATERIA MEDICA—REVIEW OF DR. J. P. DAKE'S PAPER.

BY LUCIUS MORSE, M.D.

There was presented to the World's Homœopathic Convention, which met in Philadelphia in 1876, a remarkable paper by Dr. J. P. Dake, of Nashville, Tenn., on "Materia Medica as a Science." This paper, it seems to us, has not elicited in the profession generally that interest and attention which its statements were calculated to arouse. In it the writer depicts most graphically the faults of the old or allopathic Materia Medica, where properties were often imputed to drugs through analogy on the most fanciful resemblances, and he arrives at the conviction that here, in the midst of these confused and confusing data, there can be found nothing which

deserves the name of science. The great majority of readers of homœopathic medical journals will, we doubt not, cheerfully coincide with Dr. Dake in this opinion. It is so comforting to feel that one's opponents—enemies if you choose to employ so strong a term—are following false guides, are helplessly entangled in the labyrinthine mazes which they have been for ages so industriously constructing. But, when the good doctor, after having, figuratively speaking, put to flight the ranks of the Philistines, turns upon the hosts of Israel, there are many ready to cry out in anger and amazement. He who after examining the sources of the old Materia Medica, pronounces it unscientific, is no less prompt, after going into the merits of the new or homœopathic Materia Medica, to utter a similar verdict. This, we doubt not, will seem to many homœopathic physicians almost if not quite like treason. The thought that our cherished and loved Materia Medica, the Bible of our professional faith, is delusive and misguiding is something so revolutionary, so unsettling, so horrible, it is not to be wondered at that many have steeled their hearts against even the shadow of a doubt.

Dr. Dake approaches this subject calmly and dispassionately. He inquires into the sources of our symptomatology, lays before us the historical evidence, and then with an unsparing hand points out the defects. He shows how Hahnemann himself, in his anxiety to extend his work, appropriated as genuine drug *symptoms* the *aggravations* in the patient while under the influence of a drug; and, not satisfied with this new source of symptomatology, added the symptoms appearing for the first time in the patient while under drug influence. "And thus," says Dr. Dake, "the great mind of the master, in part forced by the opposition of his enemies and in part led by the mistaken zeal of his friends, was brought to abandon the high ground at first assumed as the basis of the new Materia Medica."

The doctor next considers the three volumes of Allen's *Encyclopædia*, published at the time his paper was written. Of the two hundred and forty-eight (248) drugs there presented, twenty-two (22) have not been proven at all; sixty-eight (68) have had but one prover; thirty (30) have had but two provers; twenty-nine (29) over two and less than five, and thirty (30) over five and less than ten provers each. Dr. Dake expresses the well-grounded opinion that considerably more than one-third of the drugs in the *Encyclopædia* have no rightful claim to a place in the homœopathic Materia Medica. He thinks

the information given about those drugs, which cannot be classed with "data correctly ascertained," might do in an Appendix of *faint suggestions.*

Right here we desire to quote several connected paragraphs from Dr. Dake's paper. He says:

"Looking after those drugs which have had two or more provers each, we find so many and so serious difficulties in the way of certainty that we must regard the information concerning them, taken as a whole, as of a very doubtful character.

"Taking *Aconite* as an example, the reporters or sources of its symptoms are given as forty-three. Of this number one observer reported the effects of Aconite 'when mixed and taken with antimonial wine;' one 'when administered to patients a long time;' one 'when acting upon nine patients variously afflicted with indurated cervical glands, mania, hemiplegia, dropsy, epilepsy, tumors, and general ill-health.'

"One observer reported the symptoms of Aconite 'when administered for the purpose of testing bezoar-stone as an antidote.'

"One reported symptoms attributed to Aconite administered as a remedy in 'cases of pleurodynia, sciatica, neuralgia, iliac swelling, and cervical tumor.'

"One prover furnished symptoms, as having occurred in himself, from the 60th potency, while, as a practitioner of medicine, daily dispensing medicines to the sick, the emanations from which he was obliged more or less to inhale.

"Another physician and prover furnished ninety-nine symptoms as produced by potencies of Aconite ranging from the 30th to the 4000th.

"And a physician, a professed homœopath, gave symptoms as experienced by himself, which, as a strong allopath to-day, he must look upon as the merest moonshine.

"Twenty-five symptoms were reported as those which had been removed by Aconite, acting as a remedy in the sick.

"Two hundred and ninety symptoms were culled from reported cases of poisoning.

"Beside the medical men, already referred to as having acted as provers of Aconite, there were many others who reported symptoms experienced while actively engaged in the practice of medicine.

"A critical examination of the sources of the symptoms attributed to *Belladonna* and *Arsenicum* shows that, as to purity, they are in nowise superior if indeed equal to those of Aconite.

"If the information concerning three such important drugs is so uncertain, what must be the character of the gatherings concerning those which have been subjected to much less proving and observation?"

This information will prove rather startling to many readers, and if properly considered will, we do not hesitate to say, infuse a considerable element of doubt into the minds of some who have heretofore looked upon our Materia Medica as something sacred and infallible.

Dr. Dake next examines the provings reported to the American Institute of Homœopathy, and likewise those published in the medical journals from time to time, and shows their defects with a vigorous hand.

It is sad to think of the misdirected efforts which have been made in the proving line by people with preconceived theories to sustain, by those not properly situated to make provings of anything, and by others who through taste and inclination were adapted to prove nothing save whiskey and tobacco, and yet to know that all this trash has been preserved and incorporated in the great *Encyclopædia* of pure Materia Medica. The puerile character of some of these "reports" is simply amazing. It seems to us that no well-informed homœopathist can fail to feel the force of this sentence from Dr. Dake's paper:

"We talk and write much of the false theories of our allopathic brethren, and yet we are cherishing false facts enough in our Materia Medica to seriously hinder if not effectually defeat the applications of our great therapeutic law."

Having shown with great force the worthless elements in our drug pathogenesis, Dr. Dake proceeds to point out the remedy. He decides that Materia Medica may become a science if the proper plan is adopted. The data must consist of the positive symptoms of drugs, to obtain which the drugs are, each by itself, to be tried upon persons in health. No symptom which has appeared in the experience of only one observer is to be admitted to the pathogenetic record.

The symptoms, when collected, should have small numerals attached, showing the number of provers reporting each one.

Dr. Dake concludes that the proper persons to make these drug investigations are medical students, who having some knowledge of anatomy and physiology will be able to give a more lucid description of symptoms than those not so informed. These provers are to be under the care and direction of experienced physicians, and in no instance is a prover to be informed as to the drug he is testing.

In this way would Dr. Dake build up a scientific Materia Medica. To us, the plan, with perhaps some slight modification in details, seems both excellent and feasible. It should certainly be agitated, discussed, thought over. The purpose of this article is to help matters along in that direction.

The truth is that in the minds of many homœopaths a sort of sacredness or infallibility attaches to the teachings of the early champions of homœopathy. Especially does this apply to the reputed founder of the system, Samuel Hahnemann. He is reverently styled the *master*. There is a certain class among homœopathic physicians who are eternally talking about "the master,"—the master said this, the master said that, and who hold themselves in readiness to attack, with a

fierceness of zeal only equalled by religious fanaticism itself, any and all who are not ready to bow before the *ipse dixit* of "the master." Let there be any expression of doubt concerning the most trivial opinions or instructions of the "master," and these master-ridden devotees are ready to cast forth the doubter with execrations from the pale of homœopathy. We are tired of all this "master" talk; hearing it one would infer that Hahnemann was an inspired apostle or prophet. The fact of the business is that he was a fallible human being like all the rest of us, by no means exempt from the influence of passion and prejudice. That he was a learned man, that he was ingenious and daring in his researches, that he was a philosopher and a great reformer few, we think, who are familiar with his life, will deny—least of all the writer.

The greatest obstacle in the way of advancement is always found in this blind adherence to tradition, this slavish obedience to "a master." We doubt not there are many good people who really believe that the teachings of Hahnemann embody an unimprovable system of medicine. What would be thought of an electrician to-day who should claim that Benjamin Franklin knew and wrote about electricity all that is worth knowing; or that Galileo's teachings regarding astronomy comprise all that should be taught or believed on that subject? We have a notion that there is such a thing as progress, and that no man, no matter how powerful his intellect or how industrious his life, can exhaust any field of human research, least of all the vast and mysterious regions of pathology and therapeutics.

We pity those, however, who shall father the new Materia Medica, which we confidently hope to see constructed on Dr. Dake's plan. What a belaboring the poor fellows will get. How their work will be torn in pieces and its imputed imperfections held up to the scorn of a waiting world. The abuse which the new version of the Bible has received, and is still receiving, will not be a circumstance by the side of the contumely which will be heaped upon the regenerated Materia Medica. Every retired symptom would be lauded as a "keynote" (every individual doctor has his own special "keynotes," you know), and what a vast, prolonged, growing and overwhelming tirade would roll out from the ranks of the old provers and bookmakers of our school, each poor devil defrauded mayhap of one or more favorite "keynotes" or comments. I tremble at the thought.

Our grandest poet, Bryant, gave utterance to this sentiment:

> "Truth, crushed to earth, shall rise again—
> The eternal years of God are hers;
> But error, wounded, writhes in pain,
> And dies among his worshippers."

Now, that is very beautiful and inspiring, but it is not true, so far as ordinary human experience goes—or, at all events, only partially. In many things truth is a poor match for error. Take the past history of the world, and the further back we go into the "eternal years" the less truth we find, until at last all history resolves itself into a pack of picturesque fables. There is an old saying to the effect that error or untruth will travel a good many leagues while truth is pulling on his boots, and we apprehend that this has been illustrated in a very brilliant manner in the progress of the homœopathic Materica Medica. However that may be, we go in heartily for its regeneration, and the sooner it is begun the better.

If the party of progress were armed and equipped with a Materia Medica or symptomatology worthy the name, what might not be effected in the advancement of homœopathy! Seeing what wonderful results have been produced in the past by such defective and inadequate means, we might predict almost anything under these new and more favorable conditions.

EXCEPTIONAL CASES—VARIOLA—CATARACT.

BY A. L. MONROE, M.D., DANVILLE, KY.

In the winter of 1877 and 1878, after having been exposed to variola, through the accidental introduction of a small-pox corpse into the dissecting-room, I contracted varioloid. A good scar on my arm no doubt saved me from variola.

About two months ago, while vaccinating my family, I thrust one of Dr. Pettet's ivory points into my own arm, and was greatly surprised in a few days to witness the regular and complete phases of the vaccination pustule.

Was I not a subject for a second attack of varioloid?

On the 18th of June, I examined the eyes of a scrofulous child, aged seven years. Vision was seriously impaired by a rapidly developing soft cataract.

There was slight iritis, which led me to employ Atropine topically and to give Bellad.[6] internally.

Improvement was prompt. On the subsidence of the acute symptoms, I gave the complement of the former drug, namely,

Calc. carb. A more typical case for this latter remedy could not be made to order. My surprise and delight were unbounded, nevertheless, when after a few weeks I found the cataracts absorbing. I continued the remedy in potencies, varying from the 6th to the 30th, with an occasional dose of Sulphur.

The boy is now in robust health, with only a small white speck, perhaps a line in diameter, as a souvenir of his former disease.

IRON IN THE EYEBALL.

BY W. H. WINSLOW, M.D., PITTSBURGH, PA.

P. B., a robust, brawny machinist, aged 30 years, was struck in the left eye by a piece of iron which he thought did not enter the eyeball. He came directly to my office, and I recognized a unique case of injury. The eye was congested and bloody, the cornea flattened; a ragged wound extended from the lower border of the cornea upwards inside the limbus into the upper outer quadrant; the iris was torn away from its margin for 5 mm., and hung out of the wound; vision was lost, and there was great pain in the globe.

I snipped off the prolapsed iris, washed the eye with Borax solution, soaked it in Eserine, applied a compressive bandage, gave Aconite low, and ordered rest in bed. This treatment was continued for two weeks, except that Atropin was substituted for Eserine the second day, as the contractile power of the iris was lost. The corneal wound healed kindly; the blood was gradually absorbed; plastic lymph and shreds of blood-clot covered the whole surface of the iris, giving a yellowish-gray veil, which prevented deeper examination; tension increased nearly to the normal degree, and there remained only a slight hyperæmia of the conjunctiva when the patient returned to his work, sixteen days from the receipt of the injury.

I saw the case again after eight days; there was slight congestion of the conjunctiva, an occasional dart of pain, diminished tension, a slight atrophy of the globe, and the same impenetrable veil over the iris. The other eye was perfectly well, and I permitted the man to go on with his work, as his family needed his income badly, prescribing a Borax wash and Belladonna pellets.

He came to see me again in fifteen days, *just forty-five days from the receipt of the injury.* I found a grayish staphyloma at the seat of the corneal cicatrix. There were several peculiar brown and black spots beneath, which I could not make out

by any manner of illumination, and the eyeball was a little more congested and painful than at the last visit. I prescribed my favorite Borax wash, instillations of Eserine frequently, and Belladonna tincture internally.

The patient returned the next day with considerable increase of the inflammation, the staphyloma was more prominent, and a brownish point projected from the apex. I touched this with the spud and heard the click of metal. I applied a stop speculum, enlarged the opening in the staphyloma, used iris forceps, and after considerable cutting and manœuvring succeeded in withdrawing a piece of iron from the eye, which measured 3½ mm. thick, 5 mm. wide, and 10 mm. long. Its surfaces were irregular, rough, and covered here and there by particles of brown sesquioxide.

A bandage wet with cold water was kept over the eye, Aconite was given freely, and perfect rest enjoined. The wound healed kindly, the globe underwent partial atrophy, and in two weeks the man returned to his vocation with one sound eye and the piece of iron as a trophy.—*Trans. of Hom. Oph. & Oto. Soc.*, 1881.

Miscellaneous Contributions.

HAHNEMANN'S BIRTHDAY IN PHILADELPHIA.

The 127th anniversary of the birth of Hahnemann was enthusiastically celebrated in Philadelphia by a reunion of all the homœopathic organizations of the city and vicinity and a grand banquet, the exercises being held at the Bellevue, corner of Broad and Walnut streets. The movement originated in the usual motion for an annual reunion, made at a meeting of the Hahnemann Club. The discussion soon elicited an amendment that all the clubs and societies should be invited to unite in the celebration, and a committee to confer with these various organizations was appointed. Delegates appointed by the different societies soon developed a still broader scheme, to include every homœopathic physician in or near Philadelphia. The committee spared no labor, the physicians entered heartily into the project, and the result was all that the most enthusiastic friend of homœopathy could wish. About one hundred and twenty-five physicians sat down to the banquet, with a considerable number of prominent and distinguished laymen as invited guests, and all the organized interests of homœopathy were fully and harmoniously represented.

After full honor had been paid to mine host of the Bellevue by the summary disposal of his tempting viands, the more serious business of the celebration began. It is a handy thing in a city like Philadelphia to have some one who can fitly represent all the elements that go to make up our professional entirety, and so it seemed perfectly natural that Dr. John K. Lee should be called to preside over such an assembly. Nor was it less in keeping with the proprieties of the occasion that Dr. Charles Mohr, the Secretary of the County Medical Society, should be appointed to act as master of ceremonies. The speeches were brief, terse, and pointed, and many of them were calculated simply to present the workings of the various organizations as they were toasted in succession.

Dr. Henry N. Guernsey was first called upon to respond to the sentiment, "The Memory of Samuel Hahnemann." He said:

Mr. President and Gentlemen: Assembled to commemorate the one hundred and twenty-seventh anniversary of Samuel Hahnemann's birthday, let us in a few brief sentences answer the question, why all this demonstration, and why, with so much earnestness and enthusiasm, have we abandoned our usual avocations, and coming together, some of us from great distances, have assembled here to do honor to the memory of a single member of our profession, who has long since passed into the spirit world? Simply because he was the greatest in all our brotherhood who has ever lived. This is a fact not yet *fully* realized by us, but it is becoming more and more apparent every year as time goes on. All the investigations in sanitary and in sanatory science, all the advances in any of the sciences bearing upon Medicine, go to prove more and more conclusively that Hahnemann's idea of the nature of disease, Hahnemann's law of cure, expressed by the formula *similia similibus curantur*, and Hahnemann's declaration that the dynamization of drugs is an *absolute* necessity, are all in perfect accord with true scientific principles.

The conception and the promulgation, the defence and the proof of these three principles are what made Samuel Hahnemann great, and so exalted him above all other men. Therefore let us reverence his memory and strive with all the power within us to emulate his example.

Dr. R. J. McClatchey, being called upon to speak on behalf of the Hahnemann Club, said: The club was formed about ten years ago by a coterie of homœopathic physicians, who thought that the formation of a small society, combining

both scientific and social elements, might be productive of both general and personal professional good, hence "its object is to promote the knowledge of medicine and its collateral sciences, and to cultivate professional and social amenities among its members." Its meetings are held monthly at the members' residences. Scientific papers are read and discussed, and a modest collation is provided by the host. It is a custom of the club to celebrate Hahnemann's birthday. Some memorable occasions have thus arisen, at which a number of invited guests have from time to time united with us to bear in mind the memory of that great man to whom so much is due. Indeed it was in pursuance of this custom that the idea of the present celebration originated. In addition to its regular business, as already referred to, this club has undertaken and carried out certain special work. For instance, within a few years after its organization it determined to establish a hospital for the treatment of sick children; and under the auspices of the club, and with the good help of the active hands and willing hearts of a number of ladies and gentlemen, their friends and patients mostly, "The Children's Homœopathic Hospital of Philadelphia," the first institution of its kind in this country, was organized, and has been very successfully conducted ever since, accomplishing much good in the community.

In addition to this, about two years ago, when a reputable and valuable medical journal, the HAHNEMANNIAN MONTHLY, was about to suspend publication in Philadelphia, the club purchased it, and have successfully published it since that time, one member of the club acting as business manager of the journal, while two others act as its editors.

Article IX of the constitution of the the club reads as follows: "The club may, at such time as may be deemed proper, devise and carry out measures for securing and maintaining a medical museum and library." This work has quite recently been very handsomely taken up by other physicians than those composing the club, and a library and reading-room established under very favorable auspices, of which association, however, all the members of the club are active and interested members. Indeed the members of the Hahnemann Club are active members of the Philadelphia County Homœopathic Medical Society, of the State society, and of the American Institute of Homœopathy, and several of them are members of the faculty of the Hahnemann Medical College of Philadelphia; indeed, wherever good and useful work is to be done

in the cause of homœopathy, they are not found wanting. In our membership all shades of medical opinion are represented so far as the minor points of the practice of homœopathy are concerned, but in the major proposition of homœopathy, first announced to the world by the great man whose memory we are here to honor, the club is a unit, regarding it with becoming reverence as *the law of cure,* and recognizing it as a part of the *eternal truth.*

Dr. William H. Bigler next responded on behalf of the Philadelphia Clinical Society: An organization was formed in the summer of 1877 for the purpose of mutual improvement, and more especially for the cultivation of Pathology. In December, 1879, it was enlarged, but its membership was restricted to the staff of the Pennsylvania Homœopathic Hospital for Children, located in West Philadelphia. It continued to meet fortnightly to discuss matters pertaining to the hospital, and such medical and surgical cases occurring therein as were of particular interest or importance. In October, 1880, it was determined to organize the society on a footing entirely independent of the hospital, for purely social and scientific purposes. Accordingly, the Philadelphia Clinical Society was established, with nine members, lately increased to ten, the objects of which are, in the words of its constitution, "The study of Clinical Medicine and Surgery in all its branches; the collection and arrangement of clinical resources from both hospital and private practice; the analysis of obscure cases, and, through consultation and conference, the securing of the mutual benefits of professional experience."

To promote these objects, a social gathering is held fortnightly at the homes of the members in rotation, on Friday evening. At each meeting a paper is presented, consisting either of the presentation of some medical or surgical subject of interest, or the report of some clinical case, illustrated when possible by the patient in person. The matter thus presented becomes the subject for discussion at the subsequent meeting, so that each member may have time to prepare himself to contribute his share to the general fund of information and experience.

Attendance at the meetings is compulsory, fines being imposed for tardiness and for absence. The annual dues are one dollar. During the past year, from the funds that had accumulated in the hand of the treasurer, the society subscribed to eight periodicals,—three quarterlies, two monthlies, one bi-monthly, one bi-weekly, and one weekly,—which at first circulated among the members, but which, on the establishment

of the Homœopathic Library and Reading Room Association, were temporarily deposited in its rooms, in order to render that laudable enterprise more attractive to the profession.

Dr. George W. Smith spoke for the Bœnninghausen Club, which has for its objects mutual improvement, enjoyment, and good-fellowship, and was organized in November, 1877, by Doctors Dunning, Zerns, Smiley, Parke, and G. W. Smith. Doctors Trinkle, MacFarlan, Sheppard, Hosfield, and Parker have since joined, making in all, ten active members. We have also two honorary members, Doctors Raue and Martin, who meet with us occasionally. Meetings are held on the second Wednesday evening of each month, the sessions lasting two hours. The business consists in reading a paper, giving out and answering deferred questions, discussion, etc.

Each of the members is assigned some particular branch of medicine as a specialty, on which he prepares papers, answers referred questions, and performs all other duties pertaining to said branch. New members are elected only by the unanimous consent of the club, and the meetings are thoroughly harmonious and highly instructive, and are followed by a season of social enjoyment. The anniversary of the organization is regularly celebrated with special exercises, and a good time generally.

Dr. E. M. Gramm reported on behalf of the Hering Club, the youngest club organization in the city. It was organized on December 2d, 1880, and its sixteen members are all of the class which graduated from the Hahnemann Medical College of this city in that year. Since its organization fifteen papers have been read before it, and discussions on those papers have been of more or less value to the participants. Its object is the mutual advancement in medicine and science of those members of the class of '80 who constitute it, and although too short a time has elapsed since it was formed to enable us to point out any brilliant result accomplished by it, yet it is our aim to emulate that illustrious sage whose honored name the club bears.

Dr. John Malin responded for the Homœopathic Medical Club of Germantown. It was organized in September, 1879, the first meeting being held at the house of Dr. M. M. Walker, there being present Doctors M. M. Walker, William H. Malin, Horace Homer, C. Vanartsdalen, J. Robert Mansfield, Daniel Karsner, and John Malin; the object was to promote a more intimate and friendly relation among its members, as well as to secure social enjoyment and profitable instruction.

The club meets each month, and the member entertaining the club acts as president and appoints a member to read a paper on some medical subject, or present a case from practice, at the next meeting. This plan worked so well that at the expiration of the first year it was decided to form a permanent organization. At the meeting in September, 1881, Dr. William H. Malin was elected president, and Dr. William Tomlinson secretary. We are continuing our meetings with an increased interest, and the future of the club bids fair to bring about that harmony and unity of action so essential to the growth and advancement of our system of practice, and the honor of him whose birth we celebrate.

Richard C. Allen, M.D., Secretary of the Homœopathic Medical Society of the 23d Ward, responded in its behalf: The society was organized October 21st, 1881, with a membership of seventeen, and with Dr. Newton May, of Holmesburg, as President; Dr. J. R. Reading, of Somerton, Vice-President; Dr. R. C. Allen, of Frankford, Secretary.

The 23d Ward has a population of 36,000, and comprises one-third of the area of Philadelphia. Forty years ago homœopathy had no representation in this section, and was only mentioned with ridicule. In 1844 Dr. Henry N. Guernsey located in Frankford, commenced the practice of homœopathy, and soon built up a large and lucrative business. In 1846 Dr. Newton May, of Holmesburg, a graduate of the University of Pennsylvania, of the class of 1831, became a convert to homœopathy through reading Hahnemann's *Organon.* He loaned the book to his friend and colleague, Dr. David James, then of Somerton, who also became a convert through its convincing truths. Drs. May and James introduced and established homœopathy in Holmesburg, Tacony, Bustleton, Somerton, and part of Bucks and Montgomery counties. These three distinguished champions of homœopathy must, therefore be named among the pioneers of our system in the county of Philadelphia. Upon the foundation they laid, sixteen homœopathic physicians are now successfully building up the cause in the 23d Ward.

Dr. J. C. Guernsey responded for, and presented a statement, in reference to the Homœopathic Library and Reading-room: The project occurred to him last summer, and, after interviewing his brother physicians, and obtaining their views on the subject, notices were sent to all the homœopathic organizations in Philadelphia, requesting each one to send a delegate to assist in forming a Library and Reading-room Associ-

ation. In pursuance of this call, Drs. A. R. Thomas, B. F. Betts, W. H. Bigler, T. S. Dunning, and E. M. Gramm met at his house on the evening of October 1st, 1881, to discuss and decide upon a plan of action. Several subsequent meetings were held, at which an organization was perfected, and a constitution and by-laws were drafted. The following month two rooms, conveniently located at the northeast corner of Thirteenth and Market streets, were rented and furnished for use. On the evening of December 12th, 1881, the rooms were thrown open by a reception and donation party, to which the profession generally was invited. This meeting was largely attended, and many contributions of books, journals, and money were received. The growth of the association has been steady and encouraging. We now have a membership numbering 125. There is no initiation fee and the annual dues are only $2. Twenty physicians have become life members by paying $25, thus giving us $500 cash in hand, and practically insuring success. The objects of this association are to foster the advantages arising from social and professional fellowship, and the encouragement of a familiarity with current medical literature. We take all the homœopathic medical journals, published in this country, beside the foreign English journals; also, all the leading old-school journals. Monthly receptions, social in character and well attended, are regularly held at the rooms, to which the whole profession is cordially invited.

Dr. Charles Mohr reported that the Homœopathic Medical Society of the County of Philadelphia, as at present constituted, was organized March 8th, 1866, growing out of an effort to form a county society as early as February 10th, 1859, it being felt, at that time even, that an active medical society, with which all reputable practitioners of homœopathy in the county might unite, was an absolute need.

The society is rapidly growing, its membership numbering 123, and is managed entirely in the interests of the profession of Philadelphia, being alive to all its needs. The county society is the representative body of the homœopathic profession of the city and county, to which all other associations may be considered as, in a measure, tributary. Meetings are held monthly, and the papers, discussions, and general business are duly published.

Dr. Robert P. Mercer, of the Homœopathic Medical Society of Chester, Delaware and Montgomery counties, reported as follows: Society organized in 1858; holds quarterly meetings, which are well attended, and at which important

papers are read and discussed, matters of interest to the progress of homœopathy are considered, and the welfare and honor of our system of healing are jealously guarded.

The pioneers of homœopathy in Chester County were Drs. Robert May and J. Stuart Leech, who commenced its investigation prior to 1840. In Delaware County the first practitioners were Drs. Walter Williamson, G. Humphreys, and Richard Gardiner; and in Montgomery County, Dr. Waage, who resided at Trappe. Chester County now has about twenty-five physicians, Delaware County nine or ten, and Montgomery County an equal number. The present membership in the society is thirty-five.

Dr. M. B. Tuller, of Millville, N. J., represented, in a brief speech, the West Jersey Homœopathic Medical Society, which, he said, was organized May 19th, 1869, with seventeen members. It now has twenty-seven members. The average attendance at its meetings has been fair, though a few members are only nominal. Those who do attend are earnest and active in promoting the best interests of homœopathy and of humanity. The doctor expressed the view that our societies should be well sustained by all physicians for two special reasons, first, because of their educational influences upon the profession and the community, and second, on account of the protection they afford to their members in the exercise of their professional rights and privileges. He cited instances in illustration of these points, showing the need of organization in our own school especially.

Dr. Bushrod W. James, responded to "The Hahnemannian Monthly." The journal, he said, was started in 1865, so that it is now in its seventeenth year; and although published formerly at an annual loss, it has, in the hands of the club, more than paid its expenses both years. The policy of the club is to spend upon the journal all its income. The physicians in charge of the editorial and business departments of the Monthly aim to secure for its pages the very best material. The profession at large, reaping the benefit of this policy, has the power to make the issues increasingly useful by contributing their best productions to its pages, and securing an increasing list of subscribers. The doctor presented some interesting facts relating to the management of the periodical. For instance, he said that since January 1st, 1880, a period of two and a quarter years, there had been written and mailed, from the business office, upwards of 4000 letters and postal cards. During the same period the journal had placed before the pro-

fession, 235 Original Contributions, 110 Miscellaneous Contributions, 103 Editorials, 108 Editorial Notes and Comments, 148 Reviews and Book Notices, 238 Gleanings, and 356 News Items, a total of 1298 articles.

Dr. John E. James submitted a brief report from the Children's Homœopathic Hospital of Philadelphia. This institution was projected by the members of the Hahnemann Club and their friends in the summer of 1876, but was not consummated until March 5th, 1877, when its charter was obtained. The building northeast corner of Eighth and Poplar streets was rented June 1st of the same year, and after being thoroughly fitted up, was opened for the reception of patients June 20th. From June 20th, 1877, to March 27th, 1882, there have been 215 patients treated in the wards, over 50,000 prescriptions made in the dispensary and clinical departments, and nearly 1500 visits made to poor patients at their homes.

A clinic upon one of the various special departments of medicine or surgery has been held each day by a competent and experienced specialist, thus giving the poor the benefit of every advantage in treatment which the homœopathic profession affords.

The plan of allowing the ladies' board a large share in the management of the hospital, has been a decided success, both as regards the general welfare and financial interests. The recent movement for a united effort for better hospital and college facilities, meets with a hearty approval by those interested in the Children's Hospital, and they stand now, as ever, ready to lay aside all selfish interests and join heart and hand in any good plan to help the poor and advance the noble cause of homœopathy.

Dr. C. R. Norton made a report concerning the Pennsylvania Homœopathic Hospital for Children. The institution was organized early in the year 1877, and the hospital building, located at Forty-third Street and Oregon Avenue, West Philadelphia, was ready for the reception of patients, and was formally opened on Tuesday, April 24th, of the same year. During the year 1880, a gift of $15,000, made by the late William Weld, together with several thousand dollars contributed by other friends of the hospital, permitted the purchase of the property which had been occupied from the first. A charter was therefore obtained, and the place secured free from incumbrance. The site occupies one-fourth of an ordinary city square, and contains a fine, large, well-built mansion

which is admirably adapted to the uses required of it. The building affords accommodations for twenty-five patients, with their necessary attendants, and contains besides, exceedingly commodious quarters for the use of the dispensary connected with the hospital.

The grounds about the house are in a high state of cultivation. The large lawn, abundant shrubbery, extensive grape arbors, and a small orchard, make the place quite country-like, and the beneficial effect of such surroundings on children coming from the narrow streets and stifling courts of the city is wonderful.

From a sanitary point of view, the favorable condition presented by the hospital and its grounds is most important, and it is doubtful whether another similar institution in this city possesses equal advantages. We wish especially to impress upon physicians the fact, that such a delightful suburban place exists, where, with every attention possible, and with a most healthful location, the poor children coming under their notice may find a refuge, and the proper homœopathic treatment.

During the first year there were cared for, fifty patients, during the second year fifty-nine, during the third year fifty-three, during the fourth year fifty-nine, and during the fifth year up to this date, fifty-two; a large percentage of these children were under the age of two years.

The dispensary work has been an important feature in connection with the hospital. Many cases have been admitted to the wards through its influence. During these five years there have been about twenty-six thousand prescriptions given from the dispensary, nearly half of them being to children.

Dr. C. B. Knerr responded to "The Homœopathic Publishing Society," and Dr. A. R. Thomas to "Our College and Hospital."*

Dr. W. B. Trites was called on to respond to the toast, "The Blockley Hospital—the admission of homœopathy only a question of time." The doctor first gave a detailed history of the efforts now being made to secure the medical rights of homœopathic physicians and citizens in the Philadelphia City Hospital,—the recommendation of the Grand Jury, the prompt action of the Hahnemann Club, and of the County Medical Society, the careful but persistent and determined work done by

* The reports offered by these gentlemen we did not receive. This will explain their omission.—Eds.

the committee, the presentation of a plan for the division of the hospital between the representatives of the two schools of practice, and the present delay or neglect of the hospital authorities to carry these plans into effect. Continuing, the speaker said:

This is what has been done by the committee. The demands which we have made of the Board of Guardians are just. No fair-minded man can gainsay them. The guardians, themselves, though they deny our petition, admit the equity of our claims. Then why are we excluded? will be asked, and I answer: *Because prejudice and favoritism rule where fairness and honesty should.* The board in refusing our petitions do us a gross injustice. Let us agitate this matter and keep this unjust action constantly before the public eye.

Let not the board suppose that these claims will be allowed to rest in abeyance. Homœopathy has encamped about the walls of this hospital with the determination of entering them. Time may elapse before we shall gain our point, but be it ever so long, it will find us battling with every honorable means at the gates of this institution.

Not only this institution, but others must open their gates to us. Let it go out from this room to-night, not to the Board of Guardians only, but to our State and municipal authorities also, that we will endure this ignominious policy of neglect no longer. For years it has mortified and belittled us, but no way of escape presented. We had to submit or else renounce that which we believed to be the truth.

What right has the city of Philadelphia to say to me, if to-morrow I shall apply at her municipal hospital, smitten with small-pox, "If you enter here you must submit to the allopathic system of treatment. Your homœopathic physician will not be allowed to prescribe for you, even though he do it free of cost to the city." Are not the taxes I pay as good as those of my allopathic neighbor? Then why this favoritism? Why must the homœopathic insane submit to a treatment which we believe to be, not merely useless, but harmful? Does either State or city dare in any other way to manifest a spirit so redolent with tyranny and oppression? Then why practice such cruelty upon her afflicted homœopathic citizens? Is not this, persecution in its most damnable, heinous form? These are questions which concern the public, and which we must keep before them.

We have endured this insulting, cruel favoritism until en-

durance has ceased to be a virtue. We will submit to it no longer. We have the right, the inalienable right, to representation in these institutions. The people are with us, and we propose, with God's help, to see that these rights are recognized.

Let us, brethren, stand by each other in this crusade. Let us awaken our patrons to the indignity the State and city have put upon us. Let us arouse public sentiment with the injustice of our exclusion. Let us agitate this question until our rights are secured.

We owe it to ourselves to be active in this matter; we owe it to our friends and patrons; we owe it to the memory of the philosopher and physician in whose honor we are assembled here to-night. Let us then consecrate ourselves to this work, knowing that victory is sure, for our claims are founded in justice, and our science on the everlasting foundations of truth.

Brief addresses were also delivered by Mr. Charles Burdette Hart of the *Press*, Ex-Mayor Stokley, Mr. Wolverton, of Select Council, J. B. Roney, Esq., Mr. D. A. Walters, Joselph M. Wilson, Esq., of the Interior Department, Washington, D. C., Dr. Pemberton Dudley, and others.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Members of the American Institute of Homœopathy and the General Profession:

THE thirty-ninth anniversary and the thirty-fifth session of this national body will be held in the New Denison House, in Indianapolis, Ind., commencing Tuesday, June 13th, at 10 o'clock A.M.

The proceedings will be opened with the address of the President, William L. Breyfogle, M.D., of Louisville, Ky., after which the usual order of business will be carried out.

The titles of the papers to be presented by the different bureaus, so far as they have been reported, cover a range of practical subjects of great importance and daily interest, and have been prepared by well-known writers, professors, and practitioners of our school.

The thirty-fourth session was marked by an awakened interest on the part of the members in the advancement of the material prosperity of the Institute, as shown by the attendance and the large addition to the membership.

We have no doubt that the thirty-fifth session will be equally as successful in each particular as the one which preceded. As the Institute again meets in the West,—two years after the successful and enjoyable meeting held at Milwaukee, —we are certain that every physician who is a member of the Institute, or who desires to become a member, and especially those who live west of the Alleghenies, will feel it to be not only a duty but a pleasure to attend this annual session. Whether you are present or prevented from attending by circumstances beyond your control, you should not forget that the Institute is a representative body and your assistance, in the form of practical contributions and the extension of its membership, is desirable to enable it to maintain this position.

Indianapolis being one of the great railroad centres of the West, it can be reached easily from every point. The members of the profession in the State are prepared, through the Indiana Institute of Homœopathy and Dr. O. S. Runnels, Chairman of the Local Committee of Arrangements, to give the members of the Institute and their families a most hearty and generous welcome, and will do all in their power to make the meeting an occasion of pleasure and profit for those who attend.

The members of the Institute will be accommodated in the following hotels: The New Denison House (terms $2.50, $3, and $3.50 per day according to the location of the room); the Bates ($2.50 and $3); and the Grand (rates to members, $3 and $3.50 per day. A limited number of rooms will be placed in reserve at $2.50 per day). Members should notify Dr. O. S. Runnels, of Indianapolis, *in advance*, stating the number of rooms required, price they wish to pay, etc., so that their rooms can be *reserved* for them, and they advised, before leaving home, where they have been placed. By giving attention to this matter considerable annoyance, both for the members and the Committee of Arrangements, will be avoided.

Full particulars in regard to railroads, rates of fare, etc., will be inserted in the regular circular, which, together with applications for membership, can be obtained by addressing the Secretary.

In behalf of the Executive Committee.

J. C. Burgher, M.D.,
General Secretary,

332 Penn Avenue, Pittsburgh, Pa.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

A SPECIAL meeting of the society was held on Tuesday evening, March 28th, 1882, at 8.30 o'clock, at the Homœopathic Library and Reading-Room, to take action on the death of Dr. Thomas Moore, of Germantown.

Dr. W. B. Trites, the president, occupied the chair, and a committee, consisting of Drs. Henry N. Guernsey, John K. Lee, John C. Morgan, and Charles M. Thomas, was appointed to prepare suitable resolutions for the action of the society. This committee subsequently reported the following, which was unanimously adopted:

WHEREAS, Our heavenly Father, in his divine love and wisdom, has removed from us our highly esteemed and well-beloved colleague, Thomas Moore, M.D., therefore,

Resolved, That the Homœopathic Medical Society of the County of Philadelphia, assembled in special meeting, testify to his thorough qualifications and skill as a physician, and to his gentle and kindly disposition as an associate, which, combined, endeared him to a wide circle of friends, as well as to his professional brethren, and that we lament the loss of so valued a colleague and friend, whose earnest labors were ever for the welfare of Homœopathy.

Resolved, That the teaching of Dr. Moore, as a former professor in the Homœopathic College of this city, has given him a widespread and favorable influence upon the public history of homœopathy everywhere; that, in consequence, his loss will be felt far beyond the circle of his private life, and that we tender to his former pupils our hearty sympathy in this their bereavement.

Resolved, That we unite with the family of our deceased brother in their sorrow on this occasion.

The following pall-bearers were then appointed: Drs. H. N. Guernsey, A. R. Thomas, A. H. Ashton, E. Boylston Jackson, W. B. Trites, C. M. Thomas, M. S. Williamson, and J. C. Guernsey.

On behalf of the bereaved family, an invitation to attend the funeral was extended to all members of the society.

THE ANNUAL MEETING of the society was held at the Hahnemann Medical College, on Thursday evening, April 13th, 1882, at 8.30 o'clock, the president, Dr. W. B. Trites, in the chair.

The minutes of the preceding meeting were read and approved.

The censors having reported favorably on the application for membership by Dr. William W. Van Baun, he was duly elected.

Dr. Bushrod W. James, Chairman of the Bureau of Sanitary Science, reported that at the May meeting the subject for discussion would be "The Sewage Question."

Dr. Charles Mohr, Chairman of the Bureau of Clinical Medicine, announced his associates for the year to be Drs. C. Neidhard, H. N. Martin, W. C. Goodno, and E. M. Gramm.

The committee on Blockley Hospital reported progress, and was continued as heretofore constituted, namely: Drs. John K. Lee, A. R. Thomas, P. Dudley, B. F. Betts, and W. B. Trites.

Drs. H. N. Martin, Silas Griffith, and John E. James thought that the names of the petitioners to the Board of Guardians of the Poor, on the admission of homœopathy into Blockley Hospital, should be made public, and brought to the notice of City Councils by the committee. It was finally moved and carried, that the committee be requested to make as judicious use of the weighty names of the petitioners as possible.

It was further moved and carried that the Committee on Blockley Hospital be requested, whenever, in their judgment, such a step was most favorable, to call a public meeting of the citizens of Philadelphia, to discuss the matter of the rights of the homœopathic taxpayers to recognition in the medical charities of the city.

The treasurer, Dr. A. H. Ashton, then submitted his annual report, giving, in detail, the receipt of $189.21, and the expenditure of $180.09; balance on hand, $9.12. Reported, accepted, and referred, under the rules, to the censors for audit.

The standing committee on Organization, Medical Education, Statistics, and Legislation, as required by the by-laws, made the following report through Dr. C. Mohr:

"We herewith present the completed *Homœopathic Register and Directory*, which we were ordered to publish by the society, at the last annual meeting, and we think it will be found to be a very useful compilation. Its contents are: 'History of the County Society;' 'Constitution and By-laws;' 'Fee Bill;' 'Code of Medical Ethics;' 'Sketches of Various Societies;' 'Information about Our Hospitals;' 'Medical Laws of the State:' and a 'Directory,' in which the names of our members are printed in bold type. The names, so printed, number one hundred and twenty-four, of whom all but one are active members, the honorary exception being the venerable Dr. James Kitchen. The book is handsomely printed and bound, the cost of its issue being seventy-five cents per copy. Shall a copy be sent gratis to every member, the cost to be defrayed from receipts of dues, or shall it be delivered only to those who desire a copy at the cost price? This question should be settled to-night, for if the former plan is adopted, the secretary will not be able to reprint the papers and discussions of the society, as has been done during the past year.

"It was necessary in compiling the *Register* to purchase *The Philadelphia Medical Register* (allopathic), published by William B. Atkinson, M.D., and

the *Handbook for Coroners*, which, along with a copy of our own compilation, we recommend the society to donate to the Homœopathic Library and Reading-Room Association. We recommend also that a copy of our work be sent for review to the newspaper press of Philadelphia, as the true status of homœopathy will thus be seen, and doubtless commented on to our advantage.

"At the close of the year, which has been an eventful one, we are pleased to see more unanimity pervading the homœopathic ranks than has ever been the case heretofore, and this augurs well for our future."

The report was accepted, and the recommendations made therein were adopted.

After some discussion as to the disposal of the *Register and Directory*, it was decided to deliver the book to every present member *free*, so soon as his dues for the ensuing year had been paid, and to every member, elected in future, a copy be sold at cost price, viz., seventy-five cents.

The opinion was generally expressed that the secretary ought to continue the publication of the proceedings, any deficit at the end of the year being provided for by subscription.

It was moved that two copies of the proceedings of the past year be donated to the Library and Reading-Room Association, and the remaining copies be delivered to any new members, desiring to purchase, at $1 per set. Carried.

The annual election at 9 o'clock P.M. resulted in the choice of the following officers, to serve for the ensuing year:

President, Dr. W. Budd Trites; Vice-President, Dr. H. Noah Martin; Treasurer, Dr. A. H. Ashton; Secretary, Dr. Charles Mohr; Censors, Drs. A. R. Thomas, W. C. Goodno, and W. K. Ingersoll.

The following physicians applied for membership: Drs. L. M. Hickman, H. F. Ivins, J. K. Wade, T. J. Gramm, and W. M. Griffith. Referred.

After mutual congratulations as to the good work done during the past year, and many resolves that the year to come should show still better fruits, the society adjourned.

Can Baptisia Abort True Typhoid?—In the *Monthly Homœopathic Review* for April, Dr. D. Dyce Brown reports three cases apparently confirmatory of the view that Baptisia possesses abortive power over typhoid fever. The symptoms of all the cases were undoubtedly those of true typhoid, including the marked and continued elevation of temperature, diarrhœa, etc. One was evidently due to sewage poison; one ran side by side with another case of undoubted typhoid of typical character, and the third occurred in a house epidemic, affecting four persons, one of whom died. Baptisia, 2^x, 1^x, and θ, repeated every two hours, reduced the temperature to normal in 13, 11, and 8 days respectively, with corresponding amelioration of the other symptoms. Two of the cases relapsed and ran on to the twenty-eighth and twenty-first days, respectively, from the commencement of the attack.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., May, 1882. No. 5.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE CONSULTATION QUESTION, AND HOW SHALL WE MEET IT?—Since the last meeting of the American Institute of Homœopathy, there have been strange doings and occurrences in the world of medicine; some of them so entirely out of the general run of medical events that no living prophet could have foretold them. Then, the spectacle of a professed allopath and a professed eclectic, meeting at the bedside of a British statesman had not been dreamed of. Then, the Royal College of Physicians still insisted that the practice of Homœopathy was an effective bar to professional communion with orthodox medical saints. Then, the New York State Allopathic Society little thought of braving the displeasure of the American Medical Association by an act which recognizes the right of its members to consult with any licensed physician of whatever school. We are brought, then, to a condition of professional affairs strikingly different from that which existed in June, 1881, when the Institute last stood up as an organized body to expound its principles and to defend its attitude towards the profession in general and the public.

It has doubtless occurred to many members of the Institute to ask whether any special action should be taken by that body at the session to be held next month, in view of the changed position now being assumed by our opponents. If the homœopathic profession desires to give authoritative expression to its ethical doctrines or to its views of what is right and proper, and acceptable on the part of our opponents, the American Institute is undoubtedly the only body competent to formulate such an expression. It is not for local or state societies or journals to speak for the profession upon a subject of such profound importance. It is very desirable, however, that members should give some careful consideration to the subject before the Institute meets, and hence, this article is written for the purpose of suggesting attention to some important features of the question.

If, by almost any means, the allopathic profession could succeed in transferring to us her present reputation for bigotry, for intolerance, and for efforts to suppress certain departments of medical research, she would most gladly and eagerly avail herself of the opportunity. We would then constitute, in public estimation, a mere faction hanging on the verge of the profession but having no cordial relation to it, and our influence would rapidly wane. It must be remembered that the general public has no adequate conception of the nature of the division between the two schools. To them it is simply a question of consultation or non-consultation. If the allopath is willing to meet the homœopath in consultation, the average layman cannot see what more the homœopath should desire, and if under such a condition of things we still continue to maintain our distinct organizations and institutions, there is a grave possibility that we may be suspected of unlaudable motives. We need not flatter ourselves that this view has not presented itself to our allopathic opponent; he has thought it all over and will make the most of it. Indeed, it has been repeatedly said in allopathic societies during the past year, that it would be well to allow consultation between members of the two schools, *as a means and for the purpose* of annihilating homœopathy.

The denial of consultation privileges is not, by any means, the only or even the chief offence against us, against the public, and against humanity, wrought by the intolerance of allopaths. They have also barred the doors of their societies against us; they have prevented our admission to their faculties of medicine, and even to the lecture-rooms of their colleges and hospitals; they have usurped our right to places on the

staffs of public hospitals; they have denied us representation in the medical department of the army and navy; they have refused our doctrines a hearing in their journals; they have adopted a habit of abstracting the discoveries and writings of homœopathists to enrich their own Materia Medica, and have steadily and persistently refused to make due acknowledgment therefor, notwithstanding their attention has been drawn to the injustice times without number; they have robbed—we use the only word that can express the fact—they have robbed and are even now robbing us of the use of great libraries to which we have as much right as they; they obtain control, whenever possible, of moneys raised and intended for the hospital care of both homœopathic and allopathic people, and divert it to the use and benefit of one class, to the exclusion of the other; they constantly seek to deprive a large proportion of our people of the public medical treatment they desire, and which their own money has paid for; they steadily refuse and oppose with all their power and influence, any proposition or plan designed to demonstrate at the bedside the superiority or inferiority of any system of medical practice in comparison with their own; and, neither last nor least, they have decided and announced beforehand and without previous knowledge, that they will oppose, not only any general *system* of therapeutics already discovered, but *any that may be hereafter discovered*, no matter what its merits might be (Vide *Code of Ethics*), thus repressing research in all directions tending to place medical therapeutics upon a basis of science and certainty.

These statements will serve to indicate some—not all—of the points of difference and the lines of separation between their school and ours. But our opponents, whatever else they may be, are not fools enough to embody in a written code the principles which underlie such professional acts. *We*, of the profession, consequently know full well that no amendment to their code can obliterate these lines of separation, or condone the great wrong thus done to the cause of medical science and to the public, and that the mere question of consultation does not touch this record of evil on the one hand, or the history of our constant protest on the other. The great people, however, do *not* know all this, and, unless we take the trouble to inform them upon the whole subject, we shall surely be misjudged if we fail to accept a consultation overture from the allopathic school. It makes not one iota of difference what allopathists may or may not think about us, but it is in the highest degree essential that the general public shall fully understand our position, and appreciate our motives.

But there is a question of difference between the two schools of medicine which we have not yet touched upon,—a question beside whose towering proportions even the important issues we have mentioned shrink into puny insignificance. That question is, whether consultation is a RIGHT, or whether it is a mere *privilege?* The whole *homœopathic* code of ethics contains not one word, or even a hint, abridging the individual right of consultation. *Our* profession recognizes and asserts the fact that the physician is responsible to his conscience in the matter of consultation just as in any other matter relating to his practice, and, therefore, must be his own absolute master. It would seem that just now, when the allopathic profession and the world are intently listening for some utterance of our sentiments, we would do well to reiterate this doctrine in unmistakable tones. We should say to the American Medical Association, and especially to the New York State Allopathic Society: "We have all along denied your right to say that your members shall not consult with whom they please; we now equally challenge your right to say they *may* consult with whom they please; in fact, we repudiate your authority to say anything about it. Take your hands off this whole question of consultation, and keep them off. It is none of your business." We should say to the individual practitioner: "You cannot shirk *any* duty connected with your profession by simply throwing the responsibility upon the shoulders of your society; and public sentiment, your own conscience,—if you have any,—and a still higher Judge will hold you to a strict accountability." Above all, we should say to the public at large: "The physician who comes to you fettered by the laws of a society which you cannot call to an account for his failures, proposes to measure his services to you, not by the measure of his ability, but by the limit of his society's permission, and is, to that degree, unworthy of your trust."

RELATION BETWEEN THE VEGETABLE AND ANIMAL KINGDOMS.—Darwin, absurd in theories, but often excellent and accurate as an observer, has given an impetus to comparative anatomy and physiology. In his work on Insectivorous Plants, he gives numerous experiments, which ally vegetable and animal digestion. The tentacles of the Drosera, he found, close peristaltically about an insect, and soon the plant begins to digest its victim. A juice is poured out, which first, by its viscidity, firmly holds the living food; and then, by the action of its ferments, institutes digestion proper. By supplying bits of meat, gluten, salts, acids, etc., Darwin was enabled to

study accurately this form of vegetable digestion, and to establish its close relations with the same process in animals. The Drosera has very small roots and rootlets, parts which are usually more especially engaged in digestion. Hence, in this instance, there is a novel transfer of function to the leaves.

Such comparative study brings up the momentous question, to solve which Darwin made his lifelong work: what is the relation between the vegetable and animal kingdoms?

The theory of the origin of species, which has greatly exercised the scientific world, is based upon a wrong premise. It seems to assume a creation by continuity, whereas facts prove that the world's development was made in discrete steps. There is contiguity of ether and air, earth and water, nerves and muscles, but not continuity. And while it is evident that the vegetable preceded the animal, it is by no means evident that the latter arose from the former by continuity.

Le Conte says, "There are four planes of force similarly related to each other, viz., physical force, chemical force, vitality, and will. On the first plane of matter operates physical force only; for chemical force immediately raises matter into the second plane. On the second plane operates, in addition to physical, also chemical force. On the third plane operates, in addition to physical and chemical, also vital force." And so on. "With each elevation, there is a peculiar force added to the already existing, and a peculiar group of phenomena is the result."

Hence we see that each progressive plane is a distinct step, based on the next lower, but depending upon a new and higher accession of force.

Force in its Divine origin is one; but as manifest in created forms, its descent is by gradations, which are distinct from the highest and most complicated to the lowest and most inert.

Ferments.—Albuminoids in one stage of decomposition or another have the power to set up changes in amyloid substances, and are therefore called Ferments. These changes, so far as the organization of the amyloid material is concerned, are retrogressive, tending towards and finally reaching the mineral kingdom.

An interesting query here arises as to the relation between the two grand classes of ferments, which have been conveniently termed Soluble Ferments and Organic Ferments. The former, familiar to all, include ptyaline, pepsin, pancreatin, etc.; the latter, the various fungi, which Pasteur has demon-

strated as the cause of alcoholic, lactic, and acetic fermentations.

A marked difference between the two classes is the fact that the former convert starch into sugar; while the latter institute complete descensive changes, reducing starch, sugar, etc., into compounds of the mineral kingdom, as carbonic acid, water, alcohol, and acids. But an open question, and one which should claim the attention of scientists, is whether or not the disintegration itself is not, in every case, a chemical process.

On this subject Professor Dittmar says: "After Pasteur's researches, it became impossible not to admit that those fermentative changes which he investigated are physiological and not purely chemical phenomena; but there is no necessity for assuming that it is the life of those minute organisms which directly causes the phenomena. It seems far more rational and philosophic to adopt the view taken by Berthelot and Hoppe-Seyler, who go no further than to admit that those living organisms are the only known sources for the ferments proper, which in themselves are chemical substances, pure and simple."

If this view is correct, then the two classes of ferments differ in degree. The Soluble Ferments, splitting starch into two; the others, completing the decomposition.

And further we should recognize a decided distinction between fermentation and putrefaction, the former, as expressed by Fowne, still supplying useful substances.

Notes and Comments.

Cremation societies in Europe are rapidly multiplying.

The Pennsylvania (Homœopathic Medical) Society has long been noted for doing superior work. The present volume (*Transactions*) is undoubtedly one of the best it has issued.—*Advance.*

Retention of a Dead Fœtus for a period of five months is reported by Dr. Depaul. When expelled it was macerated but not putrefied. The mother had no unfavorable symptoms.

The Therapeutic Touch.—The *Homœopathic World* says: "We hold the view that the less the diseased ear is *touched* the better." There *are* physicians, a few, who fear and tremble at the surgeon's cleansing, alleviating, healing touch, but who seem utterly oblivious to the *touch*, yea, even the firm *pressure* of a morbid growth, or a decomposing tissue, or even the contact of the vilest death-dealing pus. We sincerely hope that our wide-awake contemporary is not among them.

Out of Mischief.—Mr. Huggard, a member of the Board of Guardians of the Blockley Almshouse, testified before the Councils' investigating com-

mittee recently, that "the resident physicians of the Blockley Hospital are a troublesome lot. Not long ago they amused themselves by pelting each other with preserves, at the Superintendent's table." As these sprigs are all allopathists, Mr. Huggard should not find fault with them. It was probably the most harmless business they were likely to be engaged in.

Definitions.—M. Adrien Decourcelles, in the *Practicien*, gives a "Petit Dictionnaire de Medecine." Some of the definitions are very good. We select a few:

Absinthe.—The genius of those who have none, and the deathblow to the genius of those who have it.

Accoucheur (untranslatable).—Travailleur de la mère.

Cordonnier (shoemaker).—So called because he gives corns (donne des cors).

Credulity.—The dysentery of faith.

Guillotine.—A little skylight, opening on eternity.

Indigestion.—Memories and regrets.

Laurel.—A narcotic which destroys repose.—*Druggist and Chemist.*

Gone to Sleep Again.—Some time ago we announced that the cannonading in honor of the Yorktown Centennial had awakened the Rip Van Winkles of the Philadelphia County Allopathic Society, and they had voted to admit women to their membership on the same conditions as men. Since that time five educated and reputable lady graduates in medicine have applied for admission, and the society, true to its mediæval instincts, has blackballed every one of them. Whenever human intelligence and Christian civilization take up their onward march, the Philadelphia County Allopathic Society can be counted on as a rear-guard every time. By the way, if these rejected and insulted women would only lay aside their own fourteenth-century prejudices long enough to permit an examination into the merits of homœopathy, they would soon decide the question of society affiliation in a way more congenial to their tastes, as well as more honorable to their professional character.

The Heroism of Science.—Carlyle spoke of surgeons and physicians as "the true priesthood." Had he looked further, he might have called scientists the true warriors of civilization. These are the men who in dim libraries, in cheerless workshops, on stormy seas, in strange and lonely lands, in hospital wards, in the cabins of frail ships against whose sides the arctic ice is crunching,—wherever there is knowledge to be won, wherever the truth is to be found,—are fighting for us the world's grandest fight, the fight against ignorance, the fight for light. They bear no wounds of sword or gunshot; no Victoria cross glitters on their victorious breasts; no ensign of war drapes them dead. They are not without physical signs of their struggles—forms wasted with African fevers, eyes strained blind at the telescope or the microscope; all forms of death and injury from strange poisons or vile contagion are theirs; but the greater fight they wage is the fight against those they would befriend, against a world of fools for the fools' own sake; and the wounds that hurt the sorest are the wounds of the spirit.—*Puck.*

Homœopathy *vs.* Allopathy in Cleveland.—The following letter is so well worth preserving as to merit a prominent place in our pages:

My Dear Doctor: It affords me pleasure to present the following authentic reports of the results of our practice in two of the public institutions of Cleveland, and the ratio of deaths of the allopathic and homœopathic schools of medicine for the year 1881.

The Cleveland Orphan Asylum, which was for two years under the medical direction of Dr. F. H. Barr, had three epidemics: scarlet fever, measles, and diphtheria. Though malignant in character, all recovered.

For the eleven years I was surgeon-in-charge of the Cleveland workhouse 11,789 patients were treated, 25,063 prescriptions dispensed. There were 35 deaths. A comparison with the best mortality reports of other workhouses gives this institution a ratio of mortality 36 per cent. better than the Detroit workhouse, and 57 per cent. better than the Allegheny, and 450 per cent. better than the Ohio penitentiary.

For the year 1881 the ratio of deaths in Cleveland to each allopathic doctor is 16.54, and for each homœopathic doctor 7.48, a percentage of 121.12 better than the allopathic school.

Of all reported cities the homœopathic doctors of Cleveland have the smallest ratio of deaths, and the largest percentage over the allopaths. With kind regards, believe me

Yours, very truly,

CLEVELAND, April, 1882. H. F. BIGGAR.

"PATHIES"—Richard Grant White, in his *Words and their Uses*, thus writes concerning "hydropathy," and similar expressions: "This word and 'electropathy,' and all of the same sort, should be scouted out of sight and hearing. Hahnemann called the system of medicine which he advocated, homœopathy, because its method was to cure disease by drugs which would cause a like (*omoios*) disease or suffering (*pathos*). The older system was naturally called by him allopathy, because it worked by medicines which set up an action counter, different from (*allos*) the disease. These are good technical Greek derivatives. And by just as much as they are good and reasonable are hydropathy and electropathy bad and foolish. Why should water-*cure* be called water-*disease?* They are plainly sprung from the desire of those who practice the water-cure and the electric-cure to be reckoned with the legitimate *pathies*. I saw once, before a little shop, a sign which ran thus: 'INDIAN OPATHIST.' I was puzzled. But, of course, I saw in the next moment that the vender of the herbs, thinking that his practice had as good a right as any other to a big name, and deceived by the accent which some persons give to homœopathy and allopathy, had called his practice Indian opathy."

Mr. White never tires of denouncing the newspapers. In one place he calls them "those debauchers of thought and defilers of language." Inventors of new systems of medicine must manufacture words with care, if they would escape a like awful denunciation.

New Publications.

AMERICAN HOMŒOPATHIC PHARMACOPŒIA; Compiled and Published by Bœricke & Tafel. 1882.

This is a handsomely finished book of over five hundred pages, the title-page of which is given in full above. The preface says: "We take this opportunity to express our special thanks for services rendered by Mr. F. O. Ernesty, Ph.G., of Chicago, in compilation and preparation of the manuscript. We are also under great obligations to Charles Mohr, M.D., former Lecturer on Homœopathic Pharmaceutics at the Hahnemann Medica College of Philadelphia, for assistance in the preparation of the work for, and seeing it through the press."

The style in some places is a little crude, probably because the book is not the sole work of one scribe.

A rather singular mistake occurs on pages 5 and 6, where "fusil oil" is spelled "fusel oil." "Fusel" comes from the German, "fusel," bad liquor. But "fusil" is derived from the Latin, "fusilis," from "fundo," to pour.

Instructions in reference to the materials of pharmacy are excellent, and indicate the accuracy, carefulness, and skill of the house which issues the book.

On page 11 we notice that the word "minim" is substituted for "drop," a change which is preserved throughout the book. The reason given for this change, namely, the want of uniformity in drops of different liquids, is self-evident.

The preparation of drugs comprises nine classes, divided according to the proportion of measure and weight employed. These classes are fully explained and are constantly referred to in treating of special pharmaceutics.

This latter department embraces between four and five hundred pages, and gives the officinal name, synonyms, source, common name, description, and especial preparation of nearly every known and accredited homœopathic medicament. In an appendix are included isopathic remedies, eclectic remedies, the so-called resinoids, though three or four commonly used, as Psorinum, Lyssen, etc., are retained in the main list. We have not counted the list of officinal drugs, but we should judge they numbered seven or eight hundred, since there are usually two on each page.

We are pleased to see with what care the names of remedies are selected and spelled. Innovations, such as Calcaria, Amyl nitrate, Lobelia Cœrulea for Syphilitica, as well as the superannuated Staphysagria, Silicea, etc., are properly replaced by correctly spelled words. Calc. carb., however, since it is not pure carbonate of lime, should be qualified, either by Hering's modification, Calc. ostr., which is here given only as a synonym, or better, Calc. carb., Hahn.

It is risky to attempt to explain precisely what Hahnemann's Causticum is. In the work before us it is wisely written: "a preparation peculiar to homœopathy."

Allium sativum and Allium cepa are distinguished by the omission of Allium before cepa, a change which places one under the A's and the other under the C's. The necessity for this is not altogether clear to us.

Those who have used Antim. ars. in emphysema (see *Allen*, Vol. I.), as well as the admirers of Jeanes's remedies, may think with us, that the former and more of the latter are deserving of officinal recognition.

Thus, of Jeanes's remedies we miss Amygdala persica, Gaultheria, Ulmus fulva, Ipomœa, etc. These are on sale at one of the pharmacies; but, we presume, are not regarded as among proved remedies. Still, they are on record as having wrought cures.

One or two mistakes—at least they seem so to us—call for remark. Thapsium aureum is better known to the profession as Zizia, which name is preferable if for no other reason than to prevent confusion. (See *Wood's Botany*, and also critical note by Allen in his *Encyclopœdia*, Vol. X., p. 234.)

"Thuya" is certainly less accurate than "Thuja."

Why is not Mr. Wilson's observation concerning Lolium Temulentum mentioned? If it is true, is it not as important to know that Lolium owes its medicinal effects chiefly to the claucips as it is to know that Arnica is infested with a musca? But we do not wish to be hypercritical. Possibly, the editors differ with Mr. Wilson.

"Dipetrix oderata" is a palpable misprint for "Odorata," and "Sepia succus," p. 427, ought to be "Sepiæ succus."

The descriptions of the various drugs are admirable, both from their accuracy and terseness. Not a word is wasted, nor does anything of value seem to be omitted.

It would be presumptuous in us to pass judgment on the "preparation" of drugs. Evidently, since they issue the book, Bœricke & Tafel, assume the responsibility for its pharmaceutical accuracy. And no one questions their ability in this direction. If, then, any mistakes appear under "Preparation of Drugs," they are merely typographical, and hence of no moment. And, indeed, there must be few or none, for the proof-reading has evidently been well performed.

A copious index is added to the text and renders the book eminently practical.

The publishers have placed the profession under a lasting debt by furnishing so elaborate, accurate and convenient a work on the important subject of pharmacy. F.

Leucorrhœa; its Concomitant Symptoms and Homœopathic Treatment. By A. M. Cushing, M.D. Second edition. Printed by Alfred Mudge & Son, Boston. Copyrighted by the author.

This little brochure is a welcome addition to our list of aids in treating diseases of females. It is full of information, well-arranged, and supplemented by a repertory. We notice several typographical errors, but they are generally not of a kind to produce ambiguity or positive error.

Physicians who have striven long and unsuccessfully to relieve obstinate leucorrhœa, may find it worth their while to invest in this little labor-saving and cure-helping compilation. F.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Seventeenth Annual Session, 1881. Pittsburgh, Printed by Joseph Eichbaum & Co., 1882.

This work of the Pennsylvania State Society makes its appearance as a very handsome black cloth-covered volume of four hundred octavo pages, its paper, typography, etc., being all that could be desired. The first forty-five pages are devoted to the President's Address, general business, and the reports of local societies and institutions, the remaining portions of the work being taken up with the Bureau Reports and discussions thereon. We cannot find, anywhere in the work, a minute of the several votes by which the Hahnemannian Monthly was granted the privilege of publishing three of the papers presented, and a similar privilege accorded to two New York journals, in respect to two other papers. D.

A Complete Minor Surgery; the Practitioner's Vade Mecum; Including a Treatise on Venereal Diseases. By E. C. Franklin, M.D., Professor of Surgery in the University of Michigan, ex-President of the American Institute of Homœopathy, author of "Science and Art of Surgery," "Treatise on Spinal Curvature," etc. Illustrated. Chicago, Gross & Delbridge, 1882. Octavo, pp. 423.

This work is arranged in four parts: *First*, two chapters on "General Surgical Semeiology;" *second*, several chapters on "Bandaging and Other Points of Minor Surgery;" *third*, a discussion of "Venereal and Sexual Diseases;" and *fourth*, "A Dietary Table for the Sick." About every department of the surgeon's work which can properly be included under the head of minor surgery is embraced in the volume, tersely and accurately described, and thoroughly illustrated. The indications for the use of various homœopathic remedies are mostly restricted to those symptoms which have a more or less direct relation to the case, leaving the more general indications to be looked up in the more general treatises—a plan which helps the practitioner in his difficult places, and takes it for granted that he studies his "Materia Medica." The "Special Indications for Diseases of the Bladder and Urethra," occupying some six or seven pages, is, to our mind, one of the most valuable sections of the volume, and will prove most helpful to the general prescriber. The chapter on diet will also be valuable as giving explicit directions for the preparation of certain dishes which are by no means too well understood by many nurses and housekeepers. D.

Handbook on the Diseases of Woman. By W. Symington Brown, M.D. Published by William Wood & Co., New York, 1882.

This book claims to be a "practical guide on most of the diseases peculiar to women; for the use of medical students and country practitioners."

Its directions are plain, terse, and generally full enough. It is, however, a difficult if not impossible task to condense without making important omissions.

Puerperal diseases are included in the contents, but we think that childbed fever receives too little attention; it is too much condensed.

Differentiations are usually good, but might be extended without transcending the purposes of the book. F.

A Medical Formulary, based on the United States and British Pharmacopœias, together with numerous French, German, and Unofficinal Preparations. By Laurence Johnson, A.M., M.D. Wood's Library, 1881.

This work is the fifth of the issue for 1881. The formulæ are clearly printed, and are arranged in the alphabetical order of their principal ingredient.

Accustomed to exact therapeutics, the homœopathician will find but little here of practical value to him. Still, as setting forth formulæ of daily employment in the old school, he should possess the volume that he may be the better prepared to antidote their ill effects. F.

Gleanings.

Chromium in Syphilis and Diphtheria.—Dr. J. Edmund Güntz, of Dresden, denounces mercury, as a remedy for syphilis, and substitutes therefor chromium in a solution of carbonic acid water. One-half of all treated developed no secondary symptoms. The doctor also uses the same chrome-water in diphtheria.—*Medical Record.*

Another Sure-Cure.—Drs. Beall and Mears wish to communicate the following to the profession: "We have a specific for night-sweats, viz,, a bucketful of cold water, placed under the bed of the patient, will, in all cases, arrest the difficulty."—*Investigator.* This is neither a new discovery nor is it a specific. It will not "arrest the difficulty in all cases."—Eds.

The Bandage after Parturition.—An opponent of the "labor bandage," writing to the *Medical Call,* says, "The bandage oftentimes presses just where it is not required, and always produces discomfort, when the nurse on each returning morrow jerks it up, yanks it down, tightens it too much in one spot, or leaves it too loose in another." Imagine a surgeon saying such things about *his* bandage, and condemning it on such grounds. He would be ruled out as an incompetent. The fact is, that when we all learn, *first,* what is the proper object for which the bandage is applied; *second,* how to shape a bandage to meet this requirement; and *third,* how to apply it properly and with the same care and skill that the surgeon employs, we shall hear fewer complaints about the discomforts and mischiefs resulting from its use. Let us give it a decent trial before we condemn it. It has never had such a trial yet.—Eds.

Rattlesnake Virus, according to the experiments of Dr. Isaac Ott, mainly kills by producing a failure of the cardiac organ and a great fall in arterial tension. Ammonia and alcohol act temporarily by increasing the tension.—*Archives,* April, 1882.

Hip-Disease nature cures with fixation of the joint. The surgeon, according to Dr. O. N. Allis, should not endeavor to prevent such anchylosis, but should favor it, simply selecting the best position in which the leg shall be fixed.—*Philadelphia Medical Times,* April, 1882. Sometimes medicines cure the disease, if selected homœopathically. We do not, therefore, leave all cases to nature's hard treatment.—Eds.

Wine Manufacture.—Raisins, it is asserted, make an excellent wine, since in their drying they lose merely their water. By adding distilled water to raisins, and allowing them to soak from forty-eight to fifty hours, a must can be obtained. The resulting wine is like that obtained from fresh grapes, except that it is always white or straw-colored.

Reihlen, of Stuttgart, has discovered a new and valuable method of wine-making. The grapes are gently pressed, and the must heated to boiling. To this the marc is added. The grape skins, which are taken out hot, are dried and then employed as the ferment. The advantage claimed is that yeast-fermentation is prevented.—*New Remedies,* April, 1882.

Increasing the Dose.—Dr. E. C. Seguin, in his valuable *Archives,* proposes to increase the doses of some of the drugs in common use. "I frequently see uncured cases," says he, "for which the physician has prescribed the proper remedy, but having exhibited it in doses which, though justified by medical authorities, were wholly insufficient to influence the disease, he has failed." Apropos, he administers Conium extract (Squibb's)

in chorea, in doses of twenty to forty minims, and then sixty to eighty, or even one hundred minims, until there is drooping of the upper eyelids, sometimes diplopia and paresis of the arms and legs! "The curative effects are obtained in just that interval between physiological and toxic effects!" Writers on toxicology are advised to carefully read all published cases with their autopsies until the fashion again changes. If the season is long enough, forthcoming editions will be rich and full to overflowing.—Eds.

Variola.—"When the doctor feels the little shots under the skin he ought to prescribe Salicylic acid in doses varying from three to ten grains, every six hours, according to the age of the patient. The pustules abort, *the pus is absorbed* and the patient soon convalesces; then diminish the dose, but continue it until full recovery. Variola thus treated becomes nothing else but an innocent disease. We never tell the family what is the matter, and we never talk about it with any outsider. May my voice be heard and may such a treatment, becoming popular, abolish at once that confounded vaccination."—E. A. De Cailhol, M.D., St. Louis *Clinical Review*, April 15th, 1882. It is to be regretted that such an expression as the above can find its way into our journalistic literature without first being stamped as unmitigated trash.—Eds.

Boracic Acid is not wholly innocuous. Dr. Moldenkoff reports several cases of poisoning. Toxic symptoms seem to be more likely to result if any of the acid solution is allowed to remain in a cavity of the body. The symptoms in the cases referred to were nausea, vomiting, hiccough, cardiac paresis, prostration, erythematous rash, and finally death from collapse followed.—*Medical Record.*

News, Etc.

Honors to Homœopathy.—The county commissioners of Arapahoe County, Col., have unanimously adopted a series of resolutions of thanks to Drs. Everett and Britt, homœopathists, for the success and economy with which they have cared for the inmates of the jail and poor-house during the year ending March 31st, 1882, as compared with the year preceding, when the institutions were under allopathic charge. In this preamble the commissioners recite that the expenses under homœopathy were $3323.46 less, while the patients largely exceeded the number treated the previous year, and that the death-rate under homœopathic treatment was 50 per cent. lower than under allopathic methods.

Homœopathic Physicians Wanted.—Boericke & Tafel write us from their New Orleans pharmacy, 130 Canal Street: "A homœopathic physician is wanted at Meridian, Miss. For particulars, address F. H. Dickson, Esq. Favorable openings in other towns of the State, also in many parts of Texas and Alabama."

Dr. A. O. Hardenstein, of Vicksburg, Miss., writes: "A good homœopathic physician, with a family, could, I believe, do well at Selma, Ala. The one who formerly was there, did well, but left on account of his health." (Address Mrs. Minthorn Woolsey.—Eds.) "I believe a *good* physician would do well in Meridian, Miss. Has 6000 inhabitants, and is a growing place. No homœopathic physician has ever been there."

American Institute of Homœopathy, Bureau of Histology and Microscopy.—*Dear Doctor:* Feeling assured that members of this bureau would be prepared to present interesting papers at the coming session, the chairman thought it advisable to leave each member free to act, and without suggestions on the part of the chair.

The general secretary has written, desiring a list of such papers as may be presented by the bureau at the coming session. Will you, therefore, *promptly*, forward the chairman the title of your coming paper?

The chairman looks confidently to each individual member of the bureau, to the end that we may, collectively, as a bureau, demonstrate, at the coming June session, our deep interest in whatever may conduce to the interests of homœopathy.

Doctor: Be kind enough to let me have your early attention, so that I may, in turn, give the general secretary the information desired.

Anticipating great pleasure in meeting you at the Indianapolis meeting, I remain, Very sincerely, yours,

J. Edwards Smith,
Chairman of Bureau.

345 Superior Street, Cleveland, Ohio, April 8th, 1882.

Professor Dowling.—After twelve years of service as Registrar and Dean of the New York Homœopathic Medical College, Professor Dowling has resigned the position, continuing, however, in his professorship of Physical Diagnosis and Diseases of the Heart and Lungs. On several previous occasions he had expressed his desire to be relieved of the duties of the office, but his colleagues of the Faculty were unwilling to comply with his request.

"A proper regard for his health" is the reason for positively declining to continue longer in the office; a position involving a vast amount of labor, anxiety, and responsibility. Upon receiving Dr. Dowling's resignation, the following resolutions were unanimously adopted by the Faculty:

Whereas, Dr. J. W. Dowling has considered it expedient to resign the Deanship of the New York Homœopathic Medical College, a position of honor and trust, which he has filled with conscientious fidelity for the space of twelve years, and,

Whereas, The Faculty of this College, thoroughly understanding the labor, anxiety, and responsibility which are necessarily associated with the Deanship, and feeling, as they do, that the duties of this office have been thoroughly fulfilled to the utmost of the abilities of the retiring Dean, therefore, be it

Resolved, That the members of this Faculty do hereby tender to Dr. Dowling their sincere thanks for the able manner in which he has discharged his duty as Dean, and take this method of showing their appreciation of his services in behalf of the New York Homœopathic Medical College, and be it further

Resolved, That a copy of these resolutions be presented to the retiring Dean as a special token of the continued friendship and esteem of his associates in the Faculty.

By a unanimous vote of the Faculty it was resolved that the Dean's letter be entered upon the College records, and that the above resolutions be handsomely engrossed, signed by the members of the governing Faculty, framed, and presented to the retiring Dean.

The Faculty then proceeded to the election of officers for the ensuing year. The following gentlemen were unanimously elected:

Professor T. F. Allen, Dean; Professor J. W. Dowling, President of the Faculty; Professor F. S. Bradford, Secretary of the Faculty.

At a special meeting of the Board of Trustees, held Saturday evening, March 25th, the Dean's resignation was accepted, and the action of the Faculty, in electing Professor Allen as Dean of the College, was confirmed.

The trustees then passed resolutions of regret on the retirement of Professor Dowling from the Deanship, complimenting him on the ability and fairness with which he had for so many years served the College, and ordered the resolutions to be handsomely engrossed, and signed by the president, vice-president, and secretary of their board, and presented to the Doctor as a token of their continued friendship and esteem.

Homœopathy in Pittsburgh.—It is well known in homœopathic circles that Pittsburgh, Pa., was blessed with a corps of active and energetic homœopathic physicians, and that these, a good many years ago, called their friends around them and erected and opened one of the neatest and best hospitals in possession of the homœopathic school in this country, and that this hospital has been most successfully conducted ever since, in large part by the same men and women, professional and lay, who established it. But the demands on the hospital have, for a long time, greatly outgrown its accommodations, and, with characteristic energy, the old hospital is to be replaced by a new and larger structure. We extract the following from the Pittsburgh *Commercial Gazette*, of April 19th, as showing the end of the old and the beginning of the new hospital, of which we say as was the custom to say of kings and their successors: "*The king is dead,—live the king!*"

"The sixteenth annual meeting of the contributors of the Pittsburgh Homœopathic Hospital and Dispensary was held yesterday afternoon in the reception rooms of the hospital on Second Avenue. The annual meetings of this institution have always been interesting, but this was especially so as it was the last to be held in the building in which so many persons have found rest and careful treatment during the past sixteen years. Before the time for the next annual meeting, its walls will have been razed to the ground, and what has been one of the quietest spots in the city will resound with the noises incident to the erection of the new hospital building which will take its place. The approaching demolition of the old building has made it necessary to gradually cease receiving patients. At present only six remain and they will be discharged by the 1st of May. The reception rooms were crowded with ladies and gentlemen when the time for calling the meeting to order arrived. Mr. W. H. Barnes, President of the Board of Trustees, occupied the chair, and J. H. McClelland, M.D., officiated as secretary, and presented the report of the Executive Committee. It was an interesting document, and referred to the year just closed as having been one of the most prosperous in the history of the institution. During the year, 302 cases were treated in the hospital; 10,819 attendances in the dispensary, and 503 visits made to people unable to come to the hospital. The total cost of maintaining the hospital and dispensary was $7832.87, or 90 cents per diem for each patient. The total receipts were $7892.21. The floating debt of the hospital is $5390.30. During the year Miss Jane Holmes and Messrs. W. H. Barnes, J. M. Schoonmaker, and M. K. Moorhead became life trustees by the payment of $1000 or over.

"In referring to the proposed demolition of the present hospital building Dr. McClelland stated that while it has been in existence 5000 people have been treated in its wards; 15,000 prescriptions have been given from the dispensary, and 8000 visits made to people unable to come to the hospital. In the sixteen years $193,000 have been expended. While the new hospital is being erected the dispensary and offices will be located in the building on Second Avenue just above the present hospital. The contributions for the new building are as follows: State of Pennsylvania, $50,000; William Thaw, $25,000; Miss Jane Holmes, $15,000; C. J. Clarke, $5000; William Metcalf, $1000; W. H. Barnes, $1000; J. M. Schoonmaker, $1000; H. J. Bailey, $500; J. D. Layng, $500; M. K. Moorhead, $500; Frank Semple, $100; cash, $400. Total, $100,000. It will be borne in mind that by the purchase of the adjoining house (to be used for temporary quarters during the building), and the payment of a mortgage on the property of $7113, the original sum of $100,000 is impaired to the extent of $15,000. It is hoped the friends of the hospital will make this amount good, as the whole sum will be required.

"The report closed with a general expression of thanks to all who had aided the institution during the past year. Prominent among these were the members of the Ladies' Homœopathic Hospital Association, an organi-

zation auxiliary to the Board of Trustees of the hospital, but a most powerful factor in maintaining the institution. To Mrs. Taylor, the matron, and others directing the work of the hospital, thanks were also extended.

"The report of the treasurer, Mr. George Backofen, stated that the total receipts, from all sources, were $8230.40; the expenditures, $8133.0; balance on hand, $97.37.

"The Secretary read the report of Dr. Childs, secretary of the Medical Board. During the year 271 patients were admitted to the hospital, making a total of 302 who were treated in that period. Of this number, 201 were cured; 52 improved; 16 unimproved; 23 died, and 10 were removed; 69 were pay patients, and 233 charity patients; 141 of the patients were medical; 114 surgical; 27 obstetrical and gynæcological; 20 were born in the institution; 214 were males, and 86 females; 292 were white, and 10 colored; 161 were American, 45 German, 34 Irish, 18 English, 9 Welsh, 5 Scotch, and from 1 to 3 from almost every other country on the globe. Since the founding of the hospital, in 1866, the exact number of patients treated was 4483. Of this number 243 died, a general average of 5.4 per cent.

"Mr. Weeks, from the building committee, reported that the total cost of tearing down the present building and erecting the new one will be $75,377.2[illegible]."

In addition to this transaction of business of the annual meeting, a very pleasant social time was had with that important feature, *lunch*, and speech-making; trustees and officers of the corporation were elected; among these we notice the following well-known (to us, at least) names: Dr. J. F. Cooper, Dr. J. B. McClelland, William Crawford, William Thaw, J. K. Moorhead, Andrew Carnegie, W. T. Shannon, William A. Herran, Wm. Wilson McCandless, George W. Backofen, Dr. J. C. Burgher, Dr. J. H. McClelland, and others. The Pittsburgh doctors evidently know nothing whatever of that very extensive cosmopolitan institution, the "circumlocution office," and take no stock whatever in that device of the devil, "*how not to do it.*"

R. J. McC.

Located.—Dr. W. S. Gee, formerly resident physician in Hahnemann Hospital, Chicago, has located at Hyde Park, Ill.

The Monthly Homœopathic Review has added to its editorial staff Dr. Arthur S. Kennedy, of Blackheath. It will doubtless add strength to one of our strongest and most influential journals.

Married.—Martin—Davis.—Privately, at the residence of the officiating clergyman, the Rev. W. Pollard, on the evening of April 27th, 1882, Dr. W. J. Martin and Miss Maud E. Davis, both of Pittsburgh, Pa.

Zerns—Coon.—April 26th, 1882, at the First Presbyterian Church, Watertown, N. Y., by the Rev. S. A. Hayt, William M. Zerns, M.D., of this city, and Anna J., eldest daughter of E. S. Coon, Esq., of Watertown.

Obituary—Burgher.

The sad intelligence has been received of the death, on the afternoon of Tuesday, April 18th last, after a long and painful illness, of Mrs. Esther Rutherford Burgher, wife of Dr. J. C. Burgher, of Pittsburgh, Pa., General Secretary of the American Institute of Homœopathy. Mrs. Burgher was highly esteemed and beloved by all who had the pleasure of knowing her. She was a lady of eminent social qualities, and distinguished for her kindly and hospitable disposition, as well as for her Christian and general womanly virtues. She was instant in good works of all kinds, but her chief sphere of activity and usefulness was home, which she blessed daily, as only a good wife and mother can. The hosts of friends of the Doctor will sympathize with him in this very great bereavement.

R. J. McC.

HOMEOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA PHILADELPHIA

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, June, 1882. No. 6.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

MOLLUSCA.

(Continued from page 199.)

THROAT, CHEST.—*Throat* red, dry, feels rigid, and yet mucus collects.

Fauces rough, red, smarting, burning; cutting in the throat, worse when hawking.

Pressure in the region of the tonsils, as from a tight neck-cloth. Feeling as of a plug. Cervical glands swollen.

Larynx, dry; feels sore, raw, scraped, with cough. Mucus collects. Hoarseness with coryza.

Cough, from tickling in the larynx, from pit of stomach, abdomen, or seemingly from constipation. Worse, from getting wet through, cold damp air, sour food, after a meal, etc. Sometimes relieved by lying down; though frequently there is hacking cough in the evening after lying down, with or without bitter vomiting; cannot sleep on account of incessant cough; dry, whooping, choking cough, which does not awake her, but is severe when she does awake.

Sputa are saltish; purulent, with oppression of the chest; the least motion takes the breath and causes exhaustion; blood-streaked, coagulated blood; gray, yellow; of putrid taste and smell; profuse. Worse morning, evening, and night.

Cough accompanied with stitches in epigastrium, liver, chest; bitter or bilious vomit, then vomiting of food.

Breathing, short when walking; loses breath from least exertion; awakes with dyspnœa and sweat; asthmatic after

mental exertion, with palpitation. Expiration long, difficult, noisy.

Congestion to the chest, with palpitation.

Oppression of the chest, worse morning and evening. Constriction. Contraction.

Feeling of emptiness.

The chest symptoms compel and are relieved by pressure of the hand upon the chest (Bönning).

Brown spots on the chest.

HEART, CIRCULATION.—Violent palpitation of the heart and beating of the arteries; also with stitches in the left chest. Worse after emotion or exertion, when sweat breaks out. Accompanied with hot flashes, faintness, etc. One form is relieved by fast walking.

Ebullitions of blood, with anxiety, faintness, nausea, restlessness; worse at night. Feels the pulse all over, but worse in the whole left chest.

Pulse, quick at night, slow mornings; intermittent.

Related Remedies.—On mucous membranes, as already observed, SEPIA acts as an irritant, causing dryness, burning, rawness, and smarting. Mucus is altered, becoming thick, yellow, or yellowish green, muco-purulent. In the bronchial tubes, pus or putrid expectoration may collect. The symptoms point to chronic catarrh, neglected bronchitis, and also to tubercular deposit.

The drug may be needed for cough caused by abuse of tobacco, especially if following the injurious custom of swallowing the smoke from cigarettes. Compare here Nux vom. and Atropine. Twice have we verified the symptom of the latter; sore feeling in the throat, dry, tickling cough excited by smoking (see Allen, vol. i, p. 618).

The night and evening coughs of SEPIA are very important; for the remedy has been used in phthisis when these coughs are present.

The spasmodic cough, with bitter vomit, has led to its successful use in whooping cough. Compare, in this latter respect, KALI CARB., *Bryon.*, C. veg., Laches., *Sulph.*

For evening cough, worse after lying down, compare also: CALC. CARB., *Kali carb.*, SULPH., CONIUM, *Phosph.*, *Rhus tox.*, *Bryon.*, *Pulsat.*, *Hyosc.*, ACTEA RAC., DROS., HEPAR, *Carbo veg.*, Nitric acid.

Cough from stomach or abdomen: *Ant. crud.*, Verat. alb., *Bryon.*, *Nitric acid*, Hepar, Puls., *Sulph.* (ensiform).

Relieved lying down: Mangan., Calc. phos.

Purulent sputum: CALC. CARB., CARBO VEG., *Conium*, *Hepar*, KALI CARB., LYCOP., PHOSPH., *Phos. ac.*, *Rhus*, SILICA, SULPH., etc.

Foul, putrid taste or smell of sputum: *Carbo veg.*, *Carbo a.*, Conium, Lycop., Rhus, *Sulph.*, *Silica*, *Phellandrium*, *Sang.*, *Stann.*

But generally when SEPIA is the remedy, the case is chronic, or appears in a patient illy nourished, prostrated, sallow, whose digestion is imperfect, with torpid liver and abdominal plethora. Perhaps it is a child, which is scrofulous, thin, weak, suffering from diarrhœa after boiled milk. Or, it is a female, who has long endured uterine or ovarian disease. It would seem, too, that the tendency to catarrh of nose, throat, or bronchial tubes in this remedy, has much to do with its effect on the vascular system; for passive congestions certainly favor catarrh.

Of all its cough symptoms, however, that is most characteristic which refers to an evening or night paroxysm, with gagging, vomiting, loss of breath, and exhaustion. Not infrequently, in agreement with what has been already stated, this symptom yields to SEPIA, when the case fails to succumb to such ordinary remedies as Drosera, Bryonia, etc.

Referring again to analogous remedies, we may have to compare Sulph., Calc. carb., Silica, Lycopod., when there is an underlying scrofulous constitution; Stannum, Pulsat., Kali carb., Actea rac., if uterine diseases qualify the case; Nux vom., Sulph., with abdominal plethora.

SULPHUR is very similar; but the cough starts from the throat or from the ensiform; there is more pain through the left chest, instead of middle of right lung. Cough may arise from the motion of mucus in the air-tubes, when it is generally a loose cough.

CALCAREA agrees with Sulphur in evening, tickling cough, though in the lime it may continue into sleep, ceasing, however, as the night advances—common during dentition. Cough as from a feather, or from dust in the throat. Chest sensitive to touch, while in SEPIA pressure relieves. Fat, fair children, open fontanelle. Sputum thick, a portion of it sinks like a shooting star, leaving a trail behind.*

* This observation of Dr. Fellger is without doubt genuine. It describes a sputum occasionally met with, the upper portion watery, through which heavy lumps have sunk to the bottom, leaving behind a train of stringy mucus. At Dr. Raue's suggestion, we once gave it in pneumonia with excellent effect (see Raue's Pathology, 2d edition).

Silica has cough from tickling in the supra-sternal fossa, or as if from a hair extending from tip of tongue to trachea. Fetid foot-sweat, more marked than in Sepia. Cavities in the lungs, with copious, offensive pus. Children with large, sweaty head; poorly nourished, rachitic.

Lycopodium has cured dry cough in feeble, emaciated children. Often there is a sensation as if the lungs were full of mucus, and the child has marked rattling breathing while asleep. Dry, tickling evening cough, as from a feather (Calcarea), or as from sulphur-fumes. Loose cough, sounding as if the whole parenchyma of the lungs were softened.

Several of these drugs may be needed in old cases of catarrh of the lungs: Silica in old people, cough sounds as if lungs were full of mucus; when sputum is raised it is purulent, offensive; several small vomicæ—a not uncommon sequel to long-standing cases of fibroid phthisis. Lycopodium, neglected pneumonia; frequent attacks of lobular pneumonia; loose, rattling cough; gray, offensive, purulent sputum; mucous râles, mostly in right chest; dyspnœa, partly due to state of lungs, partly to spasmodic constriction of the chest, with fanlike motion of the alæ nasi. Sepia, much purulent sputum, rattling; least motion takes her breath and exhausts her, etc.

In the beginning of tubercular disease, especially in females, Sepia vies with: Actea rac., teasing hacking cough, worse at night; renewed by every exposure to cold; often helps. Drosera, just as soon as she lies down, she is harassed with a constant cough; or it comes on in paroxysms; spasmodic contractions of the diaphragm, she must press the stomach or hypochondria—not the chest, as in Sepia. Hepar, if the teasing cough in the evening follows exposure to dry, cold wind, rather than damp, wet atmosphere. The cough may be a combination of harshness with rattling. Conium, cough at night, or whenever she lies down.

Since Sepia causes dyspnœa on awaking, and is of use in chronic cases of bronchitis, it has also been employed in bronchiectasia and emphysema, sequels of bronchitis.

It compares with Sulphur and Lachesis, both of which have the dyspnœa on awaking. Consult also: Antim. Arsenite, a very valuable drug for the dyspnœa; *Chinin. Ars.*, Naphthalin, *Carbo veg.*, Arsenic, etc.

Clinically, Sepia has relieved asthma with long, difficult, noisy expiration (see Raue's Pathol., 2d edition). This is a symptom of emphysema, and finds a parallel in Arsenic. We always relieved with the latter remedy a lady, who suf-

fered for years from asthma. Sitting up in bed, she breathed heavily. Auscultation revealed difficult, labored inspiration, followed by long-drawn, very difficult expiration. The chest was distended, as in emphysema. After Arsenic, the spells grew less and less frequent, and now seldom return.

INFINITESIMALS—THEIR PHYSICAL NATURE AND THEIR POTENCY.

BY H. RING, M.D., URBANNA, OHIO.

That the true nature of the infinitesimals of the Hahnemannian Materia Medica has never been satisfactorily demonstrated by those who have regarded them as valuable therapeutic agents, may be a good reason why these preparations and their remedial power should be severely questioned by many intelligent physicians who accept the therapeutic law or rule, *similia similibus curantur*.

The human mind has been taught to demand a material element in the constitution of all forces which operate in the domain of nature, medicinal forces not being an exception. The law of homœopathy is said to be a law of nature; hence, it is reasonably assumed that the really curative medicines of homœopathy, exhibiting their therapeutic power in the human body, must consist of medicinal force in some form of material embodiment.

It has been far from obvious to human sense or understanding that the infinitesimals contain anything of the material substance of the medicines from which they were prepared, and, consequently, anything of medicinal power. On the contrary, their claim to be regarded as genuine medicinal preparations has seemed to many so palpably absurd, that these persons have bestowed no serious reflection upon them, much less have they fairly tried them in the treatment of the sick.

Of late an attempt has been made in our school by physicians who had rejected the infinitesimals, to establish by scientific evidence that there can possibly be no medicine in the centesimal attenuations higher than the tenth or eleventh. The proof has not, we think, been obtained.

The "signs of the times" seem to indicate that infinitesimals, as to their physical nature, should be so fairly and fully inquired into, that the results of the investigation may be worthy of at least provisional acceptance by intelligent thinkers.

The purpose of this article is rather to impart healthy stimu-

lus to this inquiry, than to undertake to reach a satisfactory completeness, which as yet is hardly possible.

Whatever the result of such inquiry may be, we hold that so long as it shall be incomplete, the infinitesimals will be entitled to testify in their own behalf solely as curative medicines in the hands of competent practitioners who have frequently employed them.

The method pursued in this inquiry will be found to be that of ascending by as sure steps as possible from the known to the unknown, seeking the matter and forces of the infinitesimals in the first or crude forms of the medicines from which they were prepared, and thence tracing them through the changes wrought by trituration and dilution into high attenuations.

The aid invoked from scientific teaching has, we think, been aptly chosen and properly applied, and if it should possibly appear that present scientific knowledge has been at all transcended, the candid reader will hardly find that in any statement we shall have made we are at variance with any established scientific fact. Let us proceed to our inquiry.

A medicinal substance or preparation in the laboratory of the homœopathic pharmacist, about to be subjected to trituration or dilution, should be known to be a *pure* article, and if of a perishable nature, it should have been so recently obtained as not to have suffered change by decomposition.

What true conception can be had of the physical constitution of this medicine? Let us suppose that we have before us a medicine from the vegetable kingdom,—for example, a preparation of a whole plant, including in it, as nearly as possible, all the medicinal properties of the plant,—the preparation consisting simply of the comminuted plant ready for the process of trituration. What can be said about it? This much at least. It consists of fragments of more or less complicated vegetable structure, its basis-matter varying in the tissues of the plant as the differentiations of its vegetable protoplasm, and these consisting of elements originally belonging to inorganic nature, but held together by chemical forces under the dominating, elevating, and transforming influence of a special vegetable life-force.

All these forces are still inherent in the medicine, so far as the vegetable organism has not been destroyed; that is, as long as the vegeto-chemical constitution of the medicine remains intact. The original formative or vegetable life-force, which operated in the living plant from the weaving of the germ as far as com-

plete material embodiment in the developed plant-organism, is still present in the complex force which preserves the constitution of the ultimate particles or molecules of the medicine, just as the latter force is present in the force still further compounded which preserves the remains of the tissue-structures.

Furthermore, it is important, perhaps, to explain that in this conception of the physical constitution of the medicine, no forces—chemical, vegeto-chemical, or purely vegetable—are recognized except so far as they appear in material embodiment. So that it is practically unimportant whether we speak of *forces*, or simply of *forms of matter and their special activities.*

Having thus stated as concisely as possible our conception of the physical constitution of the medicine under consideration, it is necessary in the next place to unfold more completely the particulars of thought which are involved in it.

The plant from which the medicine is prepared, was an individual in the vegetable kingdom, having special endowments as to organic form, special combinations of material substance, and special relations to matter and force in nature. Its place in the vegetable kingdom was fixed in the germ; its conditions for growth were completed when the seed, in due season, had dropped into the ground. Its development from the germ to the mature plant, was the result of a combination of forces proceeding from the sun, the atmosphere, water, and soil, all working as a unit under the direction of a central life-force toward one physical end or apparent creative purpose.

So long and so far as the original vegetable structure, both as to form and substance, including its vegeto-chemical constitution and molecular elements, remains intact in the medicine, so long and to such extent do the forces which were active in the living plant still inhere in the medicine prepared from it. A withdrawal of these forces implies disintegration of material substance, and a dispersion of matter and force in the direction of new physical and other relations.

Of the *essential* nature of the forces which originate and develop vegetable organisms, science knows nothing. This much, however, we are assured of: The sun-forces come in vibrations of a material ether,—those from or through the atmosphere are clothed in gases and vapors,—those from the soil, in watery solution of mineral and organic substance. Whence comes the special life-force of the plant, we are not told. At the very beginning of plant-existence it is wrapped in the germ, and at the close of life it releases its hold upon the chemical forces

in the ultimate particles or molecules of its sensible matter. It evidently inheres in and controls the purely chemical forces, and may be withdrawn from them, and, consequently, has its own appropriate material vesture,—more subtile in form, in all probability, than the ether. Moreover, this vesture of the life-force of the plant cannot be a loose one; it must fit, inclose, and permit the activities of this force so exactly, that scientific men, discerning it, shall be able to say that this material investment of the life-force of the plant is, in fact, the very force itself. In the living plant, the forces alluded to are active in pore, fibre, vessel, and cell,—in the inmost organic recesses, and in the remotest parts,—sustaining throughout a continual orderly flux and reflux, in the least things and in the greatest, until, in a certain fulness of time, dissolution has come.

We may readily conceive that a part of the forces active in the living plant have been withdrawn in the medicine, and that forces remaining in the medicine, in the absence of co-operative or reactive forces, have become comparatively quiescent, or are tending to recede. The removal of the plant from the ground arrests absorption by the roots, and checks all its relations, as a healthy, living plant, with the substances and external forces of nature. So far the plant is dead, having lost these fundamental conditions of its existence. But it is not wholly dead. Chemical forces still remain in some degree of activity; and these are not forces cognizable by inorganic chemistry merely. Vegetable life-force still inheres in and controls them, as witness the results of chemical analysis exhibiting the special vegeto-chemical endowments of the molecules. This life-force still inheres in the complex totality of the molecules, as witnessed by the preservation of the tissues of the plant, however comminuted these may be.

The plant in the medicine is unquestionably tending towards disintegration and total death, and will, sooner or later, be completely destroyed unless this tendency shall be arrested. If this process of disintegration go on, the forces which for a time preserve the vegetable tissues are the first to be withdrawn, and later the forces which had fixed the constitution of the molecules. The disappearance of forces concerned in the preservation of the medicine is, indeed, a recession from without interiorly, the converse of the order observed by these forces in growth and development.

It has been said that the force which determined the constitution of the molecules is not a force belonging to inorganic

chemistry merely. A controlling vegetable life-force inhabits the molecules. The chemist by his analysis finds C, H, N, O, etc., elements of inorganic nature; but in destroying the material basis of the plant the central life-force and its special material investment eludes his grasp, and refuses to be in this manner discerned.

The physical constitution of the medicine is, we repeat, wholly dependent upon the presence of the still inhering forces.

The argument pursued in this paper does not demand that we shall consider other forms of medicines, tinctures, alkaloids, etc. A similar course of statement must show that all medicines consist not merely of inert matter, but also of specially related force. The course of inquiry adopted has been a comparatively simple method of illustrating a difficult subject.

The next thing we have to attempt is, if possible, to form a rational conception of the changes which take place in the medicine while undergoing trituration or dilution. Has homœopathic trituration or dilution anything to do with the forces we have described as inhering in the medicine before us?

Not much, indeed, if these processes are simply exhaustive ones, causing a rapid disappearance of the medicinal substance. Not much certainly if the medicine is simply a loose aggregation of molecules or atoms, and trituration or dilution consists in nothing more than spreading or distributing the particles as uniformly as possible through milk-sugar, water, or alcohol, and in definite quantities for each advance in a centesimal or decimal scale. Much, however, in all probability, if these processes are not merely exhaustive or mechanically distributive, but perform higher and much more important work.

It is true that trituration and dilution cause matter in the medicines to disappear rapidly from sensual observation, and it may be true that the molecules or atoms are exhausted in the tenth or eleventh centesimal attenuation, but it is not probable that these facts express the most important changes which the medicine undergoes in these processes.

When describing the physical constitution of the medicine before us, it was stated that although it was fresh and undecomposed, it was ready to undergo disintegration and decomposition, and that the inhering forces were comparatively quiescent and, probably, tending to recede. The forces of cohesion, of chemical affinity, and vegetable life-force were weakening in their relations to the plant-organism, and are soon, in the course of plant-decay, to loosen their hold altogether.

Trituration and dilution are merely mechanical processes; include no analytic chemical power. Trituration begun, the comminuted plant-tissues are more and more finely divided, the force of cohesion between particles being more or less readily overcome. How many successive triturations in the centesimal scale are necessary to complete the subdivision of the tissues down to the ultimate particles or molecules, is not important to our inquiry. This probably varies considerably in different medicines. And it does not matter if, before all the fragments of plant-tissue are disposed of, many of the molecules are laid bare.

Throughout this first series of triturations all of the forces in the crude medicine,—cohesion, chemical affinity and vegetable life-force—still remain, the first only disappearing when the molecules are no longer bound to each other. Cohesion, however, gradually disappears with each successive trituration or dilution, and the chemico-vital force becomes more and more divested of aggregations of material covering, until in the individual molecules the latter force, in its complex nature, is as nearly as possible, set free. When the plant-tissues have been broken up, the remaining forces—chemical and vital—reside in the molecules in single material vesture, unless changes to be described as probably occurring in a second series of attenuating processes, shall presently take place, or shall have already begun.

In the second series of triturations or dilutions the molecules are made to disappear, just as the plant-tissues did in the first series. But the characteristic change which is wrought in this series is, in our opinion, a sundering of the molecules. What does this consist in? Not certainly that of destroying the chemical constitution of the molecules, scattering the atoms H, N, O, and permitting the atoms of C to remain because only of their gravity. This is a most absurd and unscientific conception. The constitution of the molecules is vegeto-chemical. The proportions of C, H, N, O, in the molecules, represent the presence in them of two forces, the chemical and the vital. It is the sundering of attachment between these forces which is now accomplished. The chemical forces at once, in all probability, resume the form of the inorganic combinations originally employed by the life-force of the plant in the process of growth, while the vital force appears clad only in its own subtile vesture, or possibly this vesture may be clothed upon for a time by a portion of the inorganic elements of the molecule, so long as the life-force may linger upon the

plane of molecular existence. Sooner or later, the vegetable life-force must appear in its own proper material vesture.

That a third series of attenuating processes produces characteristic changes in the subtile matter of the life-force we can entertain no reasonable doubt, but we shall not attempt to describe or suggest them, having no ideas on the basis of which to form a conception of them. This much, however, may be suggested—startling as the suggestion may appear—that the terminus of the thread of this life-force is not nearer than the sun.

How many successive attenuations may be required to exhaust the material elements of the medicine cannot be conjectured. Intelligent therapeutic experience, unbiassed by prejudice against the infinitesimals, may bring us some practical information.

Finally, we conclude that matter without force in the medicine is as nothing, or dead. We have seen that the homœopathic attenuating processes have no direct effect upon the forces in the medicine—at least so far as we certainly know—the effect consisting, in the first place, in the removal of aggregations of matter, the uncovering as far as possible of the inhering forces, the unfolding from below upwards or interiorly of these forces in the order of their organic relations in the plant, and the eliminating, step by step, of the subordinate forces until the central life-force in the medicine is all that remains in the highest attenuations we have had in view.

The vegetable life-force in the medicine is the chief of the medicinal forces. It is this force which conferred individuality upon the plant, and to this force the medicine owes its chief medicinal characteristics through all its pharmaceutic preparations.

Having concluded our statement of the physical constitution of a medicinal substance, and of the changes which occur in it during the homœopathic attenuating processes, let it not be imagined that our purpose has been to prove that superior therapeutic value belongs to the high dilutions, or to any grade of attenuations. Therapeutic experience alone can do this. The effort has been to assist many practitioners of our school to a better conception of the real nature of the infinitesimals than they have yet had.

At an early period in my professional career I had become convinced of the great therapeutic value of the high, and sometimes very high, attenuations of many medicines, and the idea then entertained has since been abundantly confirmed, that they

are, oftentimes, not only the best, but are indispensable therapeutic agents. This testimony in their favor is not at variance with the opinion that the lower and the lowest homœopathic preparations of medicine are, in many cases, also, indispensable in practice. Has any one advanced a good reason why the therapeutic testimony of the higher infinitesimals is not as valid as that of the lower attenuations? The absence of medicine in those infinitesimals has not been proved. And the physicians who employ them have not, as a class, been shown to be more subject to the errors and fallacies of human observation and judgment, than other practitioners are who rely upon medicine in unquestioned doses.

There is another and an important idea with which the infinitesimals are associated: *They were a discovery of Hahnemann.* They were not the offspring of a disordered imagination. This discovery was not only confirmed by Hahnemann himself, but it has been thoroughly established by very many of his earnest and intelligent followers. The testimony of these men will be accorded its full value, when, in a clearer light, the senseless rubbish which has been heaped upon it, shall have been removed. Some of our practitioners have never used them; others, but rarely; and others still, because they were not found to be of general applicability. It is not in accordance with the spirit of this paper to suggest that those practitioners were afflicted with errors of observation and fallacies of judgment. More light is what we seek, and a better understanding of the cause in which we are all honestly laboring.

Shall the homœopathic school cast the infinitesimals aside —as has been advised by some—as not only useless but noisome rubbish, preparatory to setting our house in order for the reception of consultants from the old school of medicine? By no means, we think. The infinitesimals are, *bona fide*, medicines, and, in the opinion of many, we cannot do without them. Men of our school who, from ample experience in their use, know most about them, regard the infinitesimals as the best medicinal preparations we have with which to furnish, in a sufficient number of cases, expert testimony as to the truth of the law, *similia similibus curantur*,—as the best guns we have for the defence of our citadel against the assaults of vigorous opponents,—and the best field-pieces in pushing our conquests in the domain of true and intelligent appreciation of homœopathy. The tinctures and lower attenuations—perhaps not unfrequently needed in practice—will continue to be challenged,

as they have been, as not more efficacious than medicines now employed in the old school, and as effecting cures—when these are admitted—on no new principle. In the old school of medicine, *similia similibus curantur* is not known as the law which Hahnemann and his followers have demonstrated, and to which they have given broad therapeutic application, but it is, with them, a narrow therapeutic maxim of ancient medical writers, which had been discarded by them for centuries.

We have no personal hostility to the gentlemen who adhere to the old school of medicine. Let us imitate the spirit of tolerance and liberality which a few organized bodies of them have recently exhibited, and which individuals amongst them have for a much longer time shown,—as I can personally testify,—not in giving up our medical possessions or any valuable part of them, but in consulting and co-operating with them in all cases or on all questions which do not involve fundamental differences of opinion or practice.

DIAGNOSIS OF LOCOMOTOR ATAXIA.

BY CLARENCE BARTLETT, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

WHETHER or not locomotor ataxia is a curable affection, is a question which may properly be said to remain yet undecided. Prior to the past few years all authorities conceded that it was essentially incurable. Recent observers have reported cases which have apparently resulted in a cure, certainly in the suspension of all the morbid phenomena. Dr. William J. Morton,* in a paper read before the New York Academy of Medicine, gives the history of a case of locomotor ataxia then in its initial stage, which he treated with static electricity. Under the use of this agent the pains and ataxia disappeared. Nearly three months after discontinuing the treatment, the patient reported himself as yet free from all symptoms. Of course, the patient has not yet been under observation long enough to decide as to the permanent nature of his cure. Dr. Langenbuch† some time ago reported a case in which the operation of nerve stretching, performed on both lower extremities, resulted in the disappearance of the ataxia, lightning pains, and all abnormal sensations. About three months afterwards‡

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* New York Med. Rec., vol. xix, p. 397.
† N. Y. Med. Record, vol. xvii, p. 346.
‡ Med. News and Abstr., vol. xxxix, p. 346.

the same symptoms appeared in the upper extremities, and persisted to such a degree that it was determined to repeat the operation on the nerves of both arms. While placing the patient under the influence of chloroform he was seized with an epileptic fit and died. The spinal cord was submitted to Westphal for microscopical examination. He found no evidence of degeneration in either the nerve-fibres or the nerve-cells. "Can it be," he asks, "that there is a stage of locomotor ataxia in which it is but a neurosis, and that the degeneration of the posterior columns represents a later change which has nothing to do with the special symptoms?" He is inclined to answer the question in the negative, and to doubt that he had a case of locomotor ataxia to deal with after all. Dowse* asserts that there is a stage in the course of every case of locomotor ataxia in which it is curable, and that this stage (which he denominates the preataxic) may last for ten, fifteen, or twenty years. He further claims that, with our present knowledge of the disease, we ought in all cases to recognize it in its incipiency, and so save the patient from a life, to live which is worse than death.

The symptoms most important in the diagnosis of the initial stage of locomotor ataxia are the lightning pains, the abolition of the patellar tendon reflex, certain pupillary changes, diplopia, and paralysis of the ocular muscles, atrophy of the optic nerve, and the ataxic gait.

The Lightning Pains.—In nearly every case of posterior spinal sclerosis, the ataxia is preceded by well-marked, irregularly, paroxysmal pains. These pains come and go with electric or lightning-like rapidity, and compared by the patient to forked lightning darting through the limbs or, as he describes them, as like a knife plunged deeply into the tissues. They do not cover a great area at one time, yet there is not a portion of the body which they do not at one time or another invade. The painful points are usually very sensitive to a slight touch, yet they are not affected by deep and firm pressure or may even be relieved by it. The patient and his physician are apt to attribute their presence to rheumatism, gout, or neuralgia. Like rheumatism, they are affected by changes in the weather, by overheating, and by electric changes in the atmosphere, but they differ from rheumatic pains in their mode of onset and disappearance, and in the fact that they are relieved by firm pressure, whereas those of rheumatism would be aggravated thereby. More difficulty will be experienced in diagnosing

* Lond. Med. Times and Gaz., Oct. 1st, 1881, p. 403.

these pains from those of neuralgia. But even this may be done if care be taken to watch the course taken by the pains. In neuralgia the pains follow the course of some nerve trunk, whereas, the pains of ataxia are now here and now there, coming suddenly, lasting for but a moment, and going away as quickly as they came.

Diminution or Absence of the Patellar Tendon Reflex.—To test the patellar tendon reflex we direct the patient, while sitting down, to throw one limb over the other and permit it to hang as if dead. We then, with the edge of the hand, strike a firm blow on the ligamentum patellæ about midway between its attachment to the patella and its insertion into the tuberosity of the tibia. In response to this blow in the healthy subject, we will have a contraction of the quadriceps extensor, swinging the leg and foot upward with a sudden jerk. When the phenomenon is normal or in excess it may be tested with the patient in bed, as follows: "The finger of one hand is placed across the quadriceps tendon just above the patella, and the patella is pushed down so as to make the quadriceps tense. The finger is then percussed in the direction in which the patella is being pushed so as suddenly to increase the tension in the muscle. The blow is instantly followed by a contraction, jerking the patella and finger upwards."* In locomotor ataxia the patellar tendon reflex will be found to be markedly diminished if not entirely abolished. Even in the earliest stages of the disease will a blow on the ligamentum patella elicit but a feeble response. When the attention of the profession was first directed to the absence of the patellar tendon reflex in locomotor ataxia, it was thought that we had at last a symptom which would be found in that disease and in no other. Other diseases, notably those affecting the anterior horns, are now known to be associated with an absence of Westphal's knee phenomenon. There are also a few apparently healthy individuals in whom the most careful percussion over the ligamentum patella fails to elicit any response. Then, too, an occasional case of locomotor ataxia turns up in which the tendon reflex is as lively as in health, but here it is believed that the sclerosis also has invaded the lateral columns of the cord, thus interrupting the inhibitory influence from above, so that the tendon reflex occurs.†

It is not yet definitely known whether or not certain eye

* Gower's Diagnosis of Diseases of the Spinal Cord, 2d edit., Lond., 1881, p. 22.

† Brain, vol. iv, p. 280.

symptoms of locomotor ataxia make their appearance, in most cases, in the initial stages of the disease. The bulk of evidence goes to show that there are pupillary changes which frequently precede the ataxia by a considerable period. One of the earliest changes to appear is a marked myosis, the pupils being insensible to light, responding sluggishly to mydriatics, yet reacting during accommodation. The movements in response to the stimulus of light are purely reflex, and these are destroyed, or at least very much impaired, whereas the movements during the efforts at accommodation are partly voluntary and are but slightly affected. The pupils may not always be contracted in the preataxic stage of ataxia. They may be of normal size, yet at the same time it will be found that they do not respond to light while acting normally during accommodative efforts. The pupils may be unequal in size, in which case that pupil which is the most contracted will exhibit the most activity during accommodation. Charcot claims that during the lightning pains the pupils dilate. The same pupillary changes that exist prior to the onset of the ataxia also exist in the fully developed disease, but differing here in one very important particular. In the initial stages of locomotor ataxia, a sluggish or non-reacting pupil can be made to dilate in response to a mechanical or electrical stimulus. For example, direct the patient to close one eye, then using moderately firm pressure with the finger knead the eyeball beneath the lid. The pupil of the other eye will now be seen to be widely dilated, or if the electric brush be applied to either temple, the same result will ensue but to a less marked degree. In advanced cases of posterior spinal sclerosis these reactions do not occur.

Paralysis of ocular muscles is of common occurrence in the initial stages of ataxia. The patient complains of ptosis, strabismus or diplopia. The diplopia may exist without apparent squint, or it may be noticed only when turning the eyes in certain directions. It may be temporary or it may be permanent.

Of the intra-ocular changes taking place during the onset of locomotor ataxia, white atrophy of the optic nerve is the only one of any prominence. In most cases the vessels are more or less tortuous, and their outlines are blurred, but in many cases no changes whatever are discernible. The optic atrophy frequently comes on years before the ataxia shows itself. It is characterized by gradually increasing dimness of vision, with marked contraction in the visual field, which usually takes place in entering angles, and is often associated with color-

blindness. The perception to green is lost first, then red, and finally yellow and blue.

The ataxic gait is characteristic, and this it is which gives the disease one of its names. Characteristic as it is of the disease, it may yet be absent, and the patient none the less have posterior spinal sclerosis. Buzzard* tells of a case in which the patient had for fifteen years suffered from gastric crises. So severe were the pains that, notwithstanding their duration, they had given rise to the diagnosis of cancer of the stomach. The gastric crisis was associated with contracted pupils, reacting during accommodation, absence of the knee phenomenon, and fulgurant pains. As it is my purpose to only speak of such symptoms as characterize the initial stages of the disease, I shall pass the ataxia by without describing it, merely referring to its characteristic aggravation on closing the eyes or in a dark room.

Occasionally, advanced cases of locomotor ataxia and cases of a few other organic nervous difficulties may be confounded with each other. Disease of the cerebellum is associated with a marked incoördination of movement. The gait, however, is more of a staggering nature like that of a drunken man. The tendency is to fall backwards. It is usually increased by vertigo, hence the patient is able to walk better with his eyes closed than with them open. The incoördination of movement is not present when the patient is lying down. There is usually severe pain in the occipital region with vomiting. The cutaneous sensibility, the knee phenomenon, and the bladder and rectal reflexes are unimpaired. The lancinating pains so characteristic of locomotor ataxia are absent. General convulsions may be present, and may or may not be attended with choked disk or optic neuritis.

Multiple-spinal Sclerosis.—In this disease we have a well-marked ataxic gait. When the sclerosis has also involved portions of the cerebrum, we have tremor during voluntary movements, nystagmus and failure of memory. But when the spinal cord is involved we may find it a difficult matter to make a diagnosis. As a rule, however, the tendon reflex is exaggerated, the patient can walk as well with his eyes closed as with them open, the lightning pains are usually absent, and the bladder and sphincter ani retain their power to the last. In some few cases, where the insular scleroses have involved

* American Journal of Medical Science, October, 1881, page 558.

the posterior columns almost entirely, the symptoms will differ in no particular from those of progressive locomotor ataxia.

Hysterical ataxia may be confounded with the organic form of the disease. Here the course of the disease, together with the temperament of the patient, may assist in the diagnosis. Yet it is possible for hysteria to be associated with a true locomotor ataxia, thus throwing an additional difficulty in the way of diagnosis. In hysterical ataxia, the disordered gait is due to an impairment of the muscular sense, hence so long as the patient watches her movements her progress is good. In locomotor ataxia the ataxia is only ameliorated by the aid of vision and not entirely relieved as in hysteria.

CASE OF LOCOMOTOR ATAXIA.

BY J. F. NIVER, M.D., CAMBRIDGE, N. Y.

(Read before the Medical Society of Northern New York, April 11th, 1882.)

THE following case has been under the care of an old-school physician, but is believed to be of sufficient interest for presentation before this society:

The patient is a large, stout, robust man, forty-six years of age, weighing upwards of two hundred and twenty-five pounds. He has been ill seven or eight months. Many of his symptoms came on very gradually, although some of the more important, at the present time, are of recent development.

The patient has, for ten or fifteen years past, been a steady drinker, seldom fully intoxicated, but rarely free from the influence of alcoholic stimulants many days at a time.

The first indications of weakness of the spine were observed as early as last June or July, the evidence being a to-and-fro movement of the upper part of the body simultaneous with each respiration. Very soon thereafter, in the later part of the month of July, the first decided manifestations of the disease were experienced.

The attack assumed a severe form of neuralgia, located on the right side of the chest, covering an extent of surface three or four inches in diameter. This attack continued, almost without interruption, thirteen or fourteen days, and was finally relieved by the application of strong mustard. It returned in the same place a number of times, at intervals of a week or two, and finally ceased altogether after the application of a Belladonna plaster, to which ordinary Burgundy pitch had been added.

In the course of a few days after this attack of pain in the chest, a feeling of numbness of the surface of the body became a well-marked symptom. The lower extremities were first affected, and afterwards the upper. It is now constantly present in nearly every part of the body. There is, however, no loss of sensibility.

The next important indication of the disease was partial loss of motion of the limbs. This condition, as also the anæsthesia, came on gradually. It was not very many months, however, before he exhibited, whenever he attempted to propel his body forward, that promiscuous, peculiar, random (want of order) action of the limbs so characteristic of the disease.

He noticed it at first more particularly when getting into a wagon. To use his own words, "he did not know that he had any feet."

When walking he leans well forward, and he cannot trust himself to walk at all without the aid of a cane. He finds it more difficult to walk erect, and can take but three or four steps with his eyes closed. The weakness, he says, originates in the small of the back and thence passes down the limbs, which are numb and have a clumsy feeling, but are never cold, and there has been no œdematous swelling.

About the first of January the patient experienced a severe attack of neuralgia affecting the right side of the head. The pain continued almost without intermission two weeks, and was much more severe at night than in the daytime.

A few days after the beginning of this attack his right eye began turning outward, and at the same time the eyelid began to droop. In a few days the ptosis became complete and still remains, although the lid is now under partial control, the improvement being probably due to the application of electricity. The strabismus still remains. There is also partial ptosis of the left eyelid, the complete elevation of the lid being effected only by great effort. The eyesight is unaffected.

The patient has had but little headache, never any severe pain except during the attack of neuralgia previously described; the pain has been a dull ache, with heat, located in the occiput and upper part of the neck, and apparently starting in the neck and passing upward to the top of the head. It is paroxysmal, each attack lasting two or three days, and seldom subsiding until after the application of strong mustard to the back of the neck.

It is noticed that when the pain in the occiput is more than

usually severe, the ptosis of the right eye is complete, and that improvement of the ptosis occurs as soon as the pain is relieved.

The patient has never suffered from vertigo. There is no loss of memory, inaccuracy of language, or misapplication of words. A peculiarity of the voice, however, is very noticeable. It is husky and articulation is very indistinct,—the words are mumbled. The motion of the tongue seems to be impaired, yet when the patient is making no effort to speak its movements seem to be full and natural. There is, at times, a sensation of singing or humming in the ears. This symptom is not, however, very annoying.

For many months, in fact years, the patient has not been able to sleep soundly after midnight. This nocturnal restlessness after midnight is a very annoying and fatiguing condition. The patient is impelled to turn from side to side by a constant sensation of weariness and aching in every part of the body. It has been very troublesome during the past two or three weeks.

There has been no pain in the back until recently. The pain is a dull ache, located in the lumbar region, lasting usually a few hours, then passing away.

The tongue is constantly coated. Nausea has been present more or less from the beginning. Sometimes vomiting occurs, the substance thrown off being thick, stringy mucus, usually of a dark-brown color and of a very sour taste. These attacks occur in paroxysms, coming on with a sensation of heat at the pit of the stomach, at intervals of three or four days, and continuing usually about the same period of time. For many years heavy lifting has occasioned temporary nausea. The sensation of burning in the epigastrium often increases the restlessness and wakefulness at night. Flatulency is a constant source of discomfort and has troubled him for many years. Since the beginning of this attack, however, it has been more annoying than ever. The abdomen seems filled with gases that are pent up, preventing sleep at night and producing pain and soreness during the day.

There is a general distension and soreness of the abdomen; the sore places, however, are not fixed, except, perhaps, over the region of the liver, sometimes being in one part, sometimes in another.

The right hypochondrium has been quite hard and tender to pressure for several weeks, but there is no evidence of a tumor or of an accumulation of fluids in the abdomen.

The patient is subject to paroxysms of syncope; these come

on at irregular intervals, usually after eating, seem to be aggravated by the flatulency and numbness, and are seldom relieved until whiskey is taken.

The pulse at the present time is about one hundred and fourteen per minute, but very irregular, sometimes full and forcible and then feeble and slow.

The temperature varies little if any from the normal, being about 98° to 99°.

The secretion of urine is variable in quantity. It is always abundant when there is free action of the bowels, and is scanty when the bowels are constipated. An analysis made forty hours after being voided shows specific gravity 1.022; slightly acid; color rather deeper than normal; free phosphatic deposits; no albumen or sugar; microscopic examination shows phosphates in excess, both amorphous and crystalline, also a few crystals of oxalate of lime of very small size; also a few pus-cells.

There is almost entire loss of sexual desire,—it has been gradually diminishing for the past three months. There has been no loss of taste or difficulty in swallowing at any time. For four or five months there has been entire loss of sensibility of the feet, which, however, has gradually returned under the use of electricity.

ACCOMMODATIVE ASTHENOPIA.

BY W. H. BIGLER, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of Pennsylvania, and published in this journal in accordance with a special vote of the Society.)

ACCORDING to its literal meaning, the term asthenopia, weak sight, might with perfect propriety be applied to any condition of the eye in which the exertion of the visual act is imperfect, or attended with inconvenience or distress.

It was in this wider signification that the term was employed by oculists up to within a comparatively recent period, and by general practitioners at the present day we frequently find it so used, when ignorance of the true import of its symptoms is less excusable.

Its cause remained for a long time obscure, and hence its relief was exceptional and accidental. It was ascribed to fatigue of the nerves (Scarpa); to weakness of the retina (Beer); to an affection of the choroid or retina (Lawrence); to congestion of the choroid (Tyrrel); it was the beginning of

amblyopia (Sichel); or was one of the ten different forms of that affection (Behm). By degrees the participation of the retina in its production was excluded (first by Bonnet), and the cause was sought in the organs of accommodation. At first the trouble was ascribed to the action of the external muscles, and these were divided for its relief, but subsequently, after the true principle of accommodation had been discovered, it became pretty generally recognized that in typical cases the symptoms of asthenopia were owing to the difficulty experienced by the ciliary muscle in maintaining the proper focal adjustment; in other words, in limitation or imperfection of the accommodative power.

Donders, in his valuable researches into the nature of hypermetropia, was the first to demonstrate the dependence of most forms of asthenopia upon the hypermetropic structure of the eye.

It is to this form of asthenopia, called accommodative asthenopia, that we will confine our attention, and refer to the so-called muscular and retinal varieties only in as far as it is necessary to learn to distinguish them from this one.

Donders gives the following perfect picture of the symptoms of accommodative asthenopia:

"The eye has a perfectly normal appearance; its movements are undisturbed; the convergence of the visual lines presents no difficulty; the power of vision is usually acute; and, nevertheless, in reading, writing, and other close work, especially by artificial light, or in a gloomy place, the objects, after a short time, become indistinct and confused, and a feeling of fatigue and tension comes on in and especially above the eyes, necessitating a suspension of work. The person so affected now often involuntarily closes his eyes, and rubs his hand over the forehead and eyelids. After some moments rest, he once more sees distinctly, but the same phenomena are again developed more rapidly than before. The longer the rest has lasted, the longer can he now continue his work. Thus, after the rest of Sunday, he begins the new week with fresh ardor and fresh power, followed, however, by new disappointment. If he is not occupied with looking at near objects, the power of vision appears to be normal, and every unpleasant feeling is entirely absent. If, on the contrary, he endeavors, notwithstanding the inconvenience which arises, by powerful exertion to continue close work, the symptoms progressively increase; the tension above the eyes gives place to actual pain; sometimes even slight redness and a flow of tears

ensue; everything is diffused before the eyes, and the patient now no longer sees at first well, even at a distance. After too long-continued tension, he is obliged to refrain for a long time from any close work. It is remarkable that pain in the eyes themselves, even after continued exertion, is of rare occurrence."

Hypermetropiá is one of the commonest conditions met with by the oculist. In this condition, and causing it, the eyeball is too short; its outer posterior axis is shorter than the focal length of its refracting media, so that the retina lies within the principal focus of the lens system, and the images formed thereon are diffused and indistinct. In order, therefore, to focus upon the retina even parallel rays, that is, such as proceed from distant objects, the focal length of the lens must be shortened by increasing its convexity until it corresponds exactly to the position of the retina. This is done by the accommodation, through the action of the ciliary muscle. If this effort is necessary for parallel rays, an additional effort is required to bring to a focus on the retina rays entering the eye in a divergent manner, that is, those emanating from near objects. Thus the hypermetropic eye is never at rest so long as it endeavors to gain distinct images of surrounding objects. The efforts required for clear distant and for clear near vision will, of course, vary in degree. Hypermetropia is congenital, and does not increase except slightly in old age, consequent on the gradual shrinking and flattening of the crystalline lens, giving rise to acquired hypermetropia. It cannot decrease except by an increase in the convexity of the cornea, and this, where it does occur, is the result of disease, and is rarely symmetrical, and hence of no avail for purposes of improved vision. It is apparent that if the ciliary muscle is competent easily to produce the changes necessary to distinct vision, no symptoms of asthenopia will arise. If, however, from any cause, either too great flattening of the ball, excessive absolute hypermetropia, or hardening and shrinking of the lens in old age, or impairment of strength, the ciliary muscle is not thus competent, then we have the symptoms of accommodative asthenopia as above described.

An impairment or want of energy of the muscle of accommodation may be the result of general weakness, ill-health, or exhausting disease. We can thus readily understand how there may exist for many years in a healthy person a latent hypermetropia, which suddenly manifests itself in asthenopia of a distressing character after some protracted illness, or, in the

case of women after miscarriages, disordered menstruation, prolonged lactation, etc.

In high degrees of hypermetropia, when a powerful effort of the accommodation is constantly needed from childhood up, asthenopia is seldom wanting. Here objects can by no exertion of the accommodation be made to appear clear, and the patients frequently seek to compensate for this by bringing the objects close so as to enlarge the image. This causes an appearance of myopia, for which it is often taken, especially if complicated by any astigmatism, as is frequently the case. This will produce also a complicated form of asthenopia, for we will have with the symptoms, already described, those of the so-called muscular asthenopia, dependent upon the excessive convergence demanded.

A complication with astigmatism will, even in the lower degrees of hypermetropia, sometimes produce severe symptoms of asthenopia, often quite out of proportion to the error of refraction discoverable by the most careful examination. In fact, we find here, as elsewhere, that individualities may not be lost sight of. We meet, too, with cases of very low degree of simple hypermetropia producing great distress, while, in others, a comparatively high degree is borne without inconvenience.

There are three symptoms of accommodative asthenopia which may be regarded as diagnostic, viz.: The blurring or dimming of the objects after exertion of the eyes,—shown in children by watering of the eyes and blinking,—the feeling of tension above the eyes, relieved by rest, and closing and pressing the lids, and the absence of pain in the eyes themselves.

There are several affections of the eye attended with symptoms of irritation and inconvenience, when using them, which have at times, but only by careless observers, been taken for asthenopia, viz.: Chronic conjunctivitis, which, indeed, often accompanies the other symptoms of asthenopia,—superficial or phlyctenular keratitis, the first stage of an iritis and granular lid.

The symptoms of *muscular asthenopia*, by which it may be diagnosed from that form of asthenopia which we have under consideration, are the following: The patient complains of the discomfort that continued work on near objects occasions him. After using the eyes for a time, objects become confused, overlapping each other, running one into the other. This is attended with an aching and sense of fatigue, referred not to the forehead but rather to the inner canthi and the bridge of the

nose. The symptoms of vision are caused by the gradual relaxation of the overworked internal rectus muscle, the consequent eversion of the eye by the action of the external rectus, and the slight resulting diplopia. It is not, as in accommodative asthenopia, a blurring of a single image, but the running together of two. This form occurs most frequently in myopia, or where there is a difference in the focal power of the two eyes (anisometropia).

Very similar in its distinctive features to this muscular asthenopia is another form, depending upon a want of harmony between the accommodative effort and the convergence effort. The muscular fatigue is due to the endeavors to combine these two in proportions which disturb their natural relations. In hypermetropia we may say that the eye accommodates in excess to its convergence, while in myopia the convergence is in excess to the accommodative effort. The distinguishing visual phenomenon is the rapidly alternating clearing and dimming of the near object, together with its apparent motion backwards and forwards, causing dizziness, and sometimes even nausea.

This form occurs most frequently in excessive hypermetropia unaided by glasses, or in hypermetropia where improper glasses, generally too strong ones, are being used.

From *retinal* asthenopia it may be distinguished by the following symptoms of this affection: Although the patient complains that his eyes become painful and watery on exposure to irritants, or on attempting to use them for near work, they are not obliged to desist on account of the blurring of the objects, but from the pain and irritation in the eyes. The symptoms are not relieved by rest, but may continue long after work has been laid aside. The feeling of tension above the eyes is wanting, while there is often considerable photophobia and pain at the back of the eyes. The symptoms are generally worse in the morning, and again after a day's work, and vary much with the patient's state of health. This complaint will be found to depend upon a morbid sensibility of the nervous system, is rarely met with in children and old persons, but is most frequent in women, or, if in men, in those who are nervous and hypochondriacal. The ophthalmoscope will usually reveal hyperæmia of the optic nerve and retina.

From certain inflammatory diseases of the internal tissues of the eye, the retina and choroid, which are often accompanied with symptoms of asthenopia in its widest sense, the ophthalmoscopic appearances, the persistence of the symptoms and the

locality of the distress attending them, will be sufficient to distinguish accommodative asthenopia.

As regards the treatment. Although a diminution of the acuteness of vision has never been found to result from excessive tension of the accommodation, the distress and irritability arising are often so great as seriously to affect the health of the patient, and particularly that of his nervous system. Without wishing to prescribe spectacles as a universal cure for neurasthenia, chorea, and epilepsy, I would most earnestly recommend the testing of the muscular and refractive powers of the eyes of patients suffering from inveterate neurotic affections.

Donders, in speaking of his discovery of the true nature of asthenopia, says: "The connection of asthenopia with the circumstances under which fatigue is manifested was made most clear, the necessity of complete relief by spectacles was proven, while, at the same time, the hope of a radical cure of asthenopia was extinguished."

Since he defines asthenopia as the *tendency* to fatigue, we must admit the correctness of the last clause, for this tendency depends upon the unalterable structure of the eye, and we cannot hope by any means at present known to elongate a flattened eyeball. There are, however, two factors in the production of the fatigue resulting which are amenable to treatment, viz., the muscular power and the nervous susceptibility of the patient. These will be favorably modified by all remedies, medicinal and hygienic, directed to the general condition of the patient. Absolute rest of the eyes is neither essential nor even advisable. During medical treatment only moderate use should be allowed at first, but after the treatment is complete, or the proper glasses have been prescribed, the ordinary occupations may be engaged in without danger.

It would not be profitable to mention all the remedies that might in one case or the other prove of benefit, and I will therefore merely draw attention to three remedies that have, according to my experience, the most direct relation to the eyes in this condition, and are of most frequent application:

Ruta.—Pressure in forehead; heat and soreness in the eyes when reading by candlelight; itching of inner canthi and margins of lower lids; eyes fill with tears.

Nat. Mur.—Heaviness and aching in the forehead above both eyes; dull pressure in forehead. Tension in the eyes; dry burning of the eyes when using them; itching of the eyes.

Argent. Nit.—Pressure in the forehead; aching pain above

the eyebrows; eyes are filled with mucus; vanishing of sight; partial paralysis of the accommodation.

If these remedies, or any others called for by the symptoms of the case, should prove unavailing, recourse must be had to spectacles. The use of glasses gradually but surely lessens the power of accommodation, and we should therefore not be too hasty in prescribing them. On the other hand, our duty to our patient forbids us continuing internal medication alone after a reasonable time has elapsed without relief.

Having decided upon prescribing glasses, the total hypermetropia should, in all cases, be determined where the occupation of the patient permits the use of a mydriatic.

If there are no complaints in regard to distant vision, it is advisable not to give glasses for constant use, but only for near work. The manifest plus one-fourth of the total hypermetropia is the theoretical formula for determining the strength of the glasses to be prescribed, but frequently, on account of some anomaly in the range of accommodation, this will have to be deviated from. In any case, I prefer having the patient try the glasses after the accommodation has been restored, and before receiving the final prescription, for it is of the utmost importance that the harmony between accommodation and convergence should be maintained, or restored if disturbed. Too strong glasses cause objects to be held too close to the eyes, and thus we bring about muscular asthenopia. If the glasses are not strong enough, we do not relieve the asthenopia. Sometimes it is a matter of the greatest difficulty to reconcile these two powers. The principle to be followed is to prescribe for the ametropia alone, and to have the spectacles used steadily for a couple of weeks. Should the asthenopia continue, we fix upon a degree of the convergence, say at 12–14 inches, and then compel the accommodation to adapt itself to this. In very obstinate cases, after correcting most carefully every possible error of refraction, systematic exercise of the eyes with the proper glasses should be enjoined, at stated hours, three times a day, for a length of time not sufficient to cause fatigue, to be increased by a little daily.

We may find some cases where such an irritability of the retina has resulted from overstraining the eyes that even the slightest effort at accommodation is attended with violent pains in the eye. Even the suitable spectacles do not relieve, since simple convergence is enough to produce tension of the accommodation and pain. Here the only treatment of avail, perhaps in conjunction with an internal remedy (Conium for

example), is the paralyzing of the accommodation by the regular instillation of Atropia, while the use of strong glasses will enable the patient to follow some occupation meanwhile.

In conclusion, I would merely add that in the treatment of this, as in that of all other diseases of the special organs, the interests of the patient are best subserved when the specialist is a physician and the physician a specialist.

RHEUMATIC PERIOSTITIS FOLLOWING TYPHOID FEVER.

BY W. K. INGERSOLL, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

I. J. B. S., age 19. Thin anæmic blonde. Mother's family healthy. Father very rheumatic.

Four and a half years ago had a so-called bilious remittent fever, followed by acute pains in hip, thigh, and leg, which continued with gradually lessening severity until six months after the initial fever, when a periosteal inflammation started in the ankle, that went on to pus formation and ulceration of the bone. After which, abscesses formed upon the leg, thigh, ilium, ribs, arm, forearm, and at insertion of rectus posticus on the occiput; more than one occurring at a time; months sometimes elapsing between the formation of these crops. In most of these inflammations sinuses would be formed, which would remain open for perhaps months with discharging bone. The last and more superficial ones have remained open but a short time, with no discharge of bone. In the past year there have been no new abscesses. The last one was opened about the 1st of April; immediately previous to the oncoming of these periosteal inflammations the pulse would become weak and thready. He would lose appetite, be irritable, margins of eyelids become red, hands cold and clammy, damp weather would aggravate his condition. All the points of inflammation occurred in bone surfaces covered by large and active muscles; none occurring on non-muscularly covered parts. Glands somewhat swollen in sympathy, but no inflammation going on to pus formation in them. Always more or less deposit in the urine.

II. H. W., white, age 26. Short and stout build. Blonde. Mother's family history good. Father very rheumatic. In December, 1871, had typhoid fever; was four months in bed unable to walk or stand alone. Very severe pains in all the limbs during the time he was in bed, and for some months

after, when he got out on crutches. Two years after the fever a very painful point of periosteal inflammation developed in the femur just below the trochanteric line. Since 1873 to 1880 has had twenty-six points of inflammation form, most of them resulting in caries, and discharging bone. In one or two instances quite large sequestra were thrown off. He still is subject to severe sciatic and lumbago-neuralgic pains, worse during damp weather.

III. G. G., white, age 22. Anæmic blonde. Father and mother healthy. Both grandmothers and two uncles have had rheumatic attacks.

Six years ago next fall had a felon on the hand, which was lanced. At the time of lancing the felon, he was unwell, and afterwards became much worse. Arm swelling and abscesses forming on it during a severe attack of typhoid fever. The fever lasted one month, leaving the boy in a most weakened anæmic condition, with paroxysmal, acute pains about the thighs; these pains lasted eight months, when they gradually ceased. Eighteen months after the fever the ankle became swollen (from supposed strain), formed pus, opened, and discharged spicules of bone. Has had since then periosteal inflammations with discharges of bone in leg, thigh, ribs, shoulder, arm, and forearm. These inflammations occur near the joints, and at first discharged bone; but now they are of short duration; the openings closing in a few days without any ulceration of bone. There was one large abscess formed in the fascia lata of the thigh, which involved the lymphatic glands in that region, and not connected with any periosteal inflammation. During the formation of these abscesses and before, he had cold sweaty hands, nervous peevishness, small pulse, etc.

Miss F. G., age 13. Blonde. Mother and four brothers are subject to severe attacks of rheumatism. Two years ago this spring had an attack of bilious remittent fever. Was very unwell for six months after, when an abscess, with ulceration of the bone, formed on the ilium, above and anterior to acetabulum, which I opened. There has been no new inflammation form since. When I first saw her, her eyes were red around the margins of lids, no appetite, clammy, cold hands, and weak pulse.

In the title we use the term rheumatic in its broadest sense, including gout, etc. We do not wish to go into the consideration of rheumatism, but we may explain most of the phenomena noted, by inferring rheumatism to be a peculiar condition of the system by which there is a partly soluble

compound, formed in the blood or fluids of the body, which is active in setting up an inflammation in synovial, serous, mucous, or periosteal membranes, or produces myalgias in muscles and neuralgias in nerves.

We know when the atmospheric pressure is least the solvent power of a fluid is proportionally lessened; when greatest, it is increased. Hence all rheumatic patients suffer most in high altitudes, or when the barometer is low, and least when the barometer is high, atmosphere heaviest.

Typhoid fever is a most exhaustive nervous disease, affecting the lymphatic system markedly. Thus we have, as the condition of our patient, a weakened nervous and digestive system, with a rheumatic constitution.

Why do we not have some of these inflammations on the internal surfaces of the bones, and in some of the organs of the body? Why are they always on the outside? This is easy of explanation. There is a true granular or finely-crystallized precipitate formed in the lymphatic vessels, which is irritating to the periosteum, but as long as there is no force or little force to imbed these crystals within dense connective tissue membranes they are innocuous. But when they are found in parts where the muscular activity is great (the muscles about the vessels constituting the propelling force for the fluid within them), they are driven into the periosteal membrane, and there form an irritated inflammatory centre. In Case III there was force enough to imbed this material in the fascia lata of the thigh, and there set up an inflammation which had no connection with the periosteum.

Diagnosis.—The diagnosis is easily made out from the history of the case. This condition should be differentiated from metastatic abscess, syphilitic ulceration of bone, and strumous caries, which almost always result from a traumation.

Prognosis.—Is good as to ultimate recovery. Lumbagos and sciaticas are liable to remain.

Treatment.—Open down to the bone each inflamed spot as early as you can localize it. I have used salt and ice to produce local anæsthesia, so that the pain was almost nothing. Remove all sequestra as soon as detected, but I would say do not scrape the bone. Keep up good drainage. Feed well. Give cod-liver oil.

And the remedy that has done me best service in this condition and in strumous periostitis has been Fluoric acid, one-half of one per cent. sol. in water, ten drops three times a day. Also Arsenicum.

CANCER OF THE UTERUS WITH EXTENSION OF THE DISEASE TO OTHER ORGANS.

BY RICHARD C. ALLEN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

I PRESENT this case as one possessing several points of interest. Its history, as presented several years ago, does not seem to accord with the patient's condition as shown at the autopsy, death having occurred at the age of forty years.

Some years ago her medical attendant treated her for consumption of the lungs, she then having many symptoms of that disease,—nightsweats, hæmorrhages, cough, emaciation and other symptoms,—and I was told that she was cured of her lung trouble by the use of tar-water.

In September, 1880, she came into my hands for treatment for the disease of which she died. The physician who immediately preceded me had her under treatment for three years for dyspepsia. September 15th, 1880, I prescribed for her, recording the following symptoms and conditions:

For ten years she has been irregular, her monthly turns recurring every two or three weeks, continuing one week, very profuse and painful, the pains cramplike and through the groins, lower bowels, and down the thighs, before and during the flow. For five years the flow at the end has been offensive. At the completion of urination, terrible pains occur in the region of the womb. Bowels constipated and are only moved by mechanical assistance. Heavy, sore feeling in the pit of the stomach and in the liver.

The physical examination revealed a hard swelling, about the size of the womb at three months, situated above the pubes, very painful upon the slightest manipulation, with much soreness and pain in it at other times. Examination per vaginam noted a hard, pulsating tumor between the bladder and uterus; the cervix was receded and directed towards the rectum, but was natural in size and other conditions; the floor of the vagina, just inside of the vulva, was raised the size of an egg by hæmorrhoidal tumors in the rectum.

For five weeks she has had a constant flow of blood, profuse, offensive and painful, with great pain in the hæmorrhoids when the bowels are moved.

She is thin and delicate-looking, stoops forward when walking, and shows that she is suffering pain. During her sickness under my care she had but little discharge, and it was not offensive. The tumor in the abdomen steadily increased in size until it reached the umbilicus. Once it suddenly collapsed, and commenced again slowly to enlarge. The abdomen

puffed out and became tense, until she looked like an inflated toad. Her sufferings during the last two weeks of her life were indescribable.

Death occurred November 25th, 1880. The day following I made an examination in the presence of several physicians. The abdominal cavity contained half a bucketful of thin straw-colored fluid; the bowels were largely distended by gas, and showed a high state of inflammation; a cystic tumor, containing a quart of thin fluid, similar to that found in the abdominal cavity, sprang from the posterior surface of the uterus and contained, floating within its walls, a fibrous mass the size of a duck's egg, and several smaller ones. The uterus had lost all resemblance to its natural shape. That part above the vaginal junction was an irregular scirrhous mass, with extensions and attachments to the bladder, rectum, and pelvic walls, forming a sort of partition or diaphragm separating the abdominal and pelvic cavities. The cancerous condition extended several inches up the rectum. The bladder was considerably involved, with its cavity decreased and walls thickened, and bound fast by strong attachments to the surrounding parts. The peritoneum had made strong and extensive adhesions to the abdominal walls and organs. Cancerous masses were freely distributed through the mesentery. The pancreas was enlarged, cancerous, and attached to the bowels, stomach and liver. The gall-bladder was also cemented to the intestines. The liver was natural in size, but filled with cancerous nodules. The lungs were examined and found to be natural and healthy in every particular, as was also the heart with its enveloping sac and contents. There was no extension of the disease lower than the cervical junction, or in the rectum lower than the point possible to reach with the finger. Now, as I have previously remarked, the case had been treated several years ago by two eminent physicians of Philadelphia for consumption of the lungs, and the conclusion reached through the post-mortem examination is, that she did not, at any time in her life, have tubercles in the lungs, and the hæmorrhages were vicarious, unless it be asserted that lungs once affected with tubercles can so heal as to entirely obliterate all traces of the diseased condition.

The freely distributed cancerous condition through the organs of the abdomen, the stomach excepted, with a cystic tumor which burst three weeks before death, and refilled, are pathological conditions of considerable interest. I need not mention the treatment, as it was barren of value, the remedies used having produced no positive effects.

THE SEWAGE QUESTION.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE question of the proper method of disposing of sewage has been discussed in recent years with a wide diversity of opinion, and at times with considerable acrimony of expression. That the sewage question is an important one is acknowledged by all. Every scientist now knows that most of the so-called plagues of the middle-age cities were caused by improper or wholly neglected drainage; and every physician even at the present day is meeting constantly with cases of disease that must be ascribed to the same cause. The question is as yet by no means settled, though much valuable experience and knowledge have of late years been contributed towards its solution. It shall be my aim in the present article to give a concise account of the various systems that have been adopted for the removal of sewage from cities and towns, together with a brief statement of the arguments advanced, for and against them. It must be observed, however, that much of the diversity of opinion on this subject has really little ground for existence, and arises from men reasoning past each other, as it were, without meeting on some tangible ground for difference. For instance, a system of sewerage which would be suitable to a city at tide-water, might be utterly unsuitable to an inland town, while a system that would suit the inland town, would be unfit for the city on the coast. Each system might be good in its way, but if advocates of the particular systems did not acknowledge that their views must be modified by circumstances, they might argue till doomsday on abstract principles without coming to any conclusion. In this country, in general, we find that the systems of sewerage have grown up to meet the sudden emergencies of fast-growing cities and towns. In some places this make-shift policy has worked sufficiently well, while in others the results have been far from satisfactory. In many places a radical change is necessary. In some, the change has already been made. Memphis, with its soil soaked with sewage, and its air poisoned with offensive fumes, was forced at the jaws of death to change her wretched drainage system, and replace it by one founded on common sense and science. So, some of our low-level, "health-resort," soil-polluted towns now growing up, will have to do, sooner or later, if the proper correction of their defective drainage is not attended to. It is to be hoped that the increasing interest taken in sanitary science will lead more

cities to look into their defective drains, and correct them before they suffer the grievous lesson that Memphis had to learn.

All the methods that have been proposed, and that are now in actual use for the removal of sewage, excreta, etc., may be included under two general heads: first, the method by water-carriage, or the water-method; second, the method of dry removal.

And first of the water-method. This method embraces sewers in general, which may be defined as conductors or underground channels for the removal of waste from houses, and storm-water from streets. The water-method is divided into two systems, "the combined" and the "separate." The latter is again subdivided into the "ordinary separate system," the "Shone" and the "Liernur systems." The combined system, as its name implies, is a system which combines in itself the removal at the same time of sewage and storm-water. For this purpose, the sewers must necessarily be large, to accommodate the great volume of water that is washed into them at times after severe storms. As they receive the washings of the streets, they are usually supplied with catch basins to prevent sand and heavy substances from entering and blocking the channel. This is not always necessary, however, since in some cities, notably in Paris, it has been found preferable to let the washings of the streets be carried into the sewers and transported to the outlet by the sewage. Of course any system that would admit of this, must contribute greatly to the cleanliness of the streets. When sewers of the combined system are not flushed during rain, their large size leaves a great extent of empty space, in which gases are very liable to generate from the decomposing sewage. If the gas is confined and not allowed to escape except through its proper outlets, it is of course harmless. But if it gains any entrance into inhabited houses, it carries with it disease and death. Much of the inventive talent and genius that have in recent years been applied to the study of sanitary engineering, has concerned itself with the problem of excluding sewer gas from houses. Some think that it can never be successfully done so long as the combined system with its huge channels remains in existence; and that only a resort to the small channels of the separate system, or to some method of dry removal of excreta, can wholly save us from the dangers of this insidious enemy. The defenders, however, of the combined system maintain that if sewers are properly ventilated, either by openings in the streets, or by ventilating pipes run up from the street traps of the

house drains, and if in addition every waste pipe and soil pipe in a house is properly protected by a ventilated trap, there can be no danger from sewer gas. The objection they maintain, is really "against an error of construction, and not against the plan properly carried out." The objection to the combined system on the ground of sewer gas, does not seem to me to be an insuperable one. With proper skill and care, every house can be secured from the entrance of the gas. There must, however, be a certain watchfulness to see that pipes and traps do not get out of order. The ventilating pipes should lead directly from the drain side of the traps, and should be carried some feet above the top of the house.

More than once a ventilating pipe has been found opening below or on a level with a dormer or attic window, and pouring its flood of poison on the doomed occupants within. A few years ago several students lost their lives at Princeton College, owing to a ventilating pipe which was run up along a stack of sleeping-room windows, being broken and bent by balls and stones which had been thrown against it, thus permitting a flow of gas into the rooms. Equally necessary is due care in regard to traps. Traps are of various kinds, but the ones most commonly in use and considered the safest, are the siphon traps, which are shaped very much like the letter S laid horizontally.

The lower curve contains a water seal which acts as an obstruction to the entrance of gas when under ordinary pressure. It has been observed, however, that if gas is under high pressure, it makes its way through water without much difficulty. This has been urged as an objection to traps and hence to large sewers; but it must be remembered that the gas can never be under such a pressure that it could force its way through water, if the sewer from which it has come has been properly ventilated. All undue pressure is prevented by the free access which the gas has to the open air through the ventilating pipes and manholes in the streets. Sometimes, however, house traps become unsiphoned, that is, the water seal is broken. This may occur either by a great rush of water carrying with it the water in the seal, or by matter, such as paper, etc., hanging over the upper curve of the siphon, drawing by capillarity the water out of the seal, or sometimes, when a house has been left unoccupied, by the water in the seal evaporating.

These are accidents that might and do undoubtedly occur to the small traps in the house, but they are not such as would

be likely to occur in the large trap of the main drain which communicates directly with the sewer. This trap, which is usually under the pavement immediately without the house, is, after all, the main protection to the house, and is not usually liable to accidents.

Although, large sewers generate gas which must be carefully guarded against, yet their very size facilitates proper inspection and cleaning, and decreases the possibility of obstruction to which the small sewers of the separate system are liable. Even where a sudden change of velocity occurs after a storm, and precipitation of suspended particles takes place from the checked flow, there can be no serious obstruction owing to the facility with which the sewers can be cleaned. But even their obstruction could only occur in improperly graded sewers, since the flow in sewers of proper grade is always sufficient to carry off the silt.

Among other objections that have been made to sewers in general, and more especially to the large ones of the combined systems, are the slimy coating of decomposing matter which forms on their sides; the fact that connecting-pipes and drains sometimes break and contaminate the ground; that the water supply is constantly in danger of contamination; that the inlet basins in the streets emit objectionable odors. All these objections arise from imperfect applications of the system, rather than any defect in the system itself. If the interior surfaces of sewers are made smooth, there is little danger of floating matter adhering to their sides. If drains are made of proper material and have a proper support, they will not break.

The combined system of sewers seems to us on the whole satisfactory. It is subject to dangers, but not such as cannot be avoided; it has been found in practice convenient and useful; it is not unreasonably expensive, and its cost of maintenance is trifling. There are undoubtedly cities where it would not work as satisfactorily as the separate system, while there are places where no sewage system will work at all, and other means of removal must be resorted to. But where there is good soil, a sufficient grade and an easy outlet, and the system is properly applied, experience has shown that it works well.

The separate system of sewage removal is one in which separate channels are provided, one for the removal of rain-water, and one for the sewage. The principle on which it is based is Mr. Ward's celebrated maxim "the rain to the river, the sewage to the soil." The advantages of this system as compared with the large system, are that smaller sewers are re-

quired, though this is offset by the fact that a double set must be used; that the amount of sewage water is less in quantity, that it is not so highly diluted, and can be more easily converted to fertilizing purposes. The rain-water channels may be quite shallow and usually have no connections with houses but only openings from the streets. Much organic matter is, however, swept into them from the washings of the roofs and gutters, and if the sole object of the separate system has been to prevent the pollution of a stream, this is in a measure defeated. The channels which carry the sewage must be frequently flushed. This has been imperfectly accomplished by admitting a certain amount of rain during a storm, but now a better method is adopted in the use of Field's self-acting flush-tank. This has been successfully applied in England, and notably in this country, at Memphis, where the separate system is in full operation. The disadvantages of the separate system are, the difficulty attending the inspection and cleaning of the sewers, and the increased expense of artificial methods of flushing.

Where a town lies low, and it is expensive to lift sewage, the separate system may be used to advantage. It is also of use in tropical countries, where there is a long dry season and artificial means of flushing must be resorted to.

The Shone system, as described by Mr. Hering in his recent report on sewers to the National Board of Health, is a system proposed by Mr. I. Shone, of Wrexham, for localities where sewage for one reason or another requires frequent lifting. Self-acting sewage ejectors are distributed over the district and operated by compressed air supplied from a central station.

The sewage runs into an iron container holding from one to two cubic yards, and is then automatically ejected and lifted to any desired height. This system has not as yet been tried on a large scale.

The Liernur system is a variation of the separate system proposed by Liernur, a Dutch engineer, and now in successful operation in Amsterdam and some other cities. This system was suggested by the practice of cleaning cess-pools by means of suction into a large cylinder which had previously been exhausted of air and brought on a cart to the premises. The system, as in operation at present, consists of underground iron pipes, which are scattered over the various districts of a town, and with which all the houses of the district are connected. These pipes are connected with a central station where an air-pumping apparatus is situated. The sewage is pumped

or drawn from the various districts and run into barges. Provision is only made in this system for excreta and a small amount of waste water from water-closets. All other waste fluid and storm-water are run into a separate system of sewers and disposed of like ordinary sewage.

It now remains for us to consider briefly *the dry method* of removal. A sanitary engineer of prominence has said that of the dry methods of removal, there are few which can be recommended from a sanitary point of view.

There must always be a certain time during which excreta must accumulate for removal. This accumulation should be in properly prepared receptacles, and the excreta itself should be absorbed by dry earth or charcoal, or should be converted into an uninjurious substance by mixture with such disinfectants as Carbolic acid, Chloride of lime, or Creasote, etc. The cask or pail system is very common in Europe, where offal is collected periodically by public authority.

The casks or pails afford a proper and safe receptacle, and prevent the access of oxygen and consequent decomposition and escape of effluvia.

The system of dry removal is in general not desirable in cities when the water system can be used. It may, however, be used to advantage in small towns, and in dwellings where water-closets cannot be used.

In reference to our own city, Philadelphia is known to be one of the healthiest of the large cities of the United States, and it is probably more healthy than any of the European great cities; but it can be rendered still more so by the introduction of some improvements in its present sanitary arrangements, and especially in its drainage and sewage systems.

I do not advocate a change from the present combined sewer system. But at as early a day as practicable every cess-pool should be abandoned, cleaned, and filled, and thoroughly sealed or obliterated. Then every house and building of any kind that has any sort of sewage, should be compelled to make attachments to the sewers, the drainage system should be trapped and ventilated outside of the building, and all connections trapped and ventilated inside into a full-sized pipe running beyond the roof, or its equivalent.

The sewers themselves should be freely ventilated at special points, and a system of destroying the injurious gases or materials contained in them as they escape should be adopted; or else, if possible, these gases should be conveyed to a safe distance and diluted with air to such a degree as to render them

innoxious. Building inspectors should see that no imperfect drains, house trappings, or connections are put into the new houses erected under their charge, and these changes should be applied to all the present structures not so connected, as speedily as possible.

A suitable flushing system for our present sewers should be introduced, and outfall sewers also constructed with automatic or other form of gate at these outfalls to run off the sewage on the outflow of the tide only. A system of sanitary inspection should also be adopted for instruction as well as inspection. These, and a number of other improvements should be introduced for the general good of our citizens. Different cities and localities require a different system. For instance, the Liernur system, which I saw in operation at Amsterdam the past summer, would be admirable for Cape May, Atlantic City, Ocean Grove, or Coney Island; but would not be applicable to a city located on rolling land, like Philadelphia, Harrisburg, Boston, etc.

There is one thing, however, that should be remembered, and that is, that gradually the underlying soil of all cities not properly drained, or sewered, and flushed, is becoming soil-polluted, ready for an epidemic to have ample food for a long continuance, and when such a period does arrive and a fatal epidemic comes stalking in, it will be too late for the remedy to be then instituted, and the experience of a grand depopulation, such as occurred at Memphis, may be the fate of such careless cities. Now is the time to legislate for, and carry out, needed improvements.

HOW ARE SEWER GASES TO BE RENDERED INNOXIOUS?

BY J. SPERRY THOMAS, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

NOTWITHSTANDING the long catalogue of deodorizers and disinfectants, this question to-day remains a difficult problem. Sewer gas is a product of sewage, a complex liquid, which consists of solid and liquid excreta, house-slops, washings, débris of public thoroughfares, etc., forming a heterogeneous mixture, from which sewer gas is eliminated, and which determines the characteristic properties of the same. It has been observed that the product of the decomposition of sewage does not differ materially from the decomposition of matter found in cesspools. Sewage may not be uniform in its character but may vary as regards the rapidity of flow, tempera-

ture, access of atmospheric air, and the nature of the deposits. By chemical analysis we find the gas usually to contain in variable quantities Sulphuretted hydrogen, Nitrogen, Carbonic acid, Carburetted hydrogen, Ammonium sulphide, and fetid organic matter. There may be also present those unknown agencies which produce dysentery, diarrhœa, typhoid fever, cholera, and other zymotic diseases. Professor Nichols has made numerous examinations of the gas of the Berkley Street sewer of Boston, finding in twenty-five analyses the highest amount of oxygen, in any one sample was 20.90 per cent., and lowest 20.48. Highest amount of Nitrogen was 79.26, lowest 78.89. Highest amount of Carbonic acid 40, and the lowest .05. Carbonic acid greater in warm than cold weather.

The amount of sulphuretted hydrogen and other foreign gases was too small to be practically determined, and Carbonic acid was taken as the measure of impurity. It has been observed that the effluvia of sewers favors the growth of fungi, and Cunningham found bacteria in the air of sewers of Calcutta. To render sewer gas innoxious it is very evident that one of the most important adjuncts is thorough drainage, allowing foul liquids to pass freely and quickly. Sulphuretted hydrogen when existing in large quantities is very disastrous in its effects, rendering the blood-corpuscles inactive, and even in very small amounts will greatly depress vitality. Thenard in his experiments found birds would perish in air containing $\frac{1}{1500}$ part of this gas. Chlorine is a most valuable disinfectant in destroying and counteracting its effects. Phenyl alcohol is a very powerful disinfectant and removes fetid odors, but is objectionable owing to its own peculiar odor. Salicylic acid, which is now taking its place quite largely, is effective in destroying low organic forms and arresting fermentation. Slaked lime decomposes the results of organic putrefaction, but it produces volumes of free ammonia, which are not desirable. Reaction $CaH_2O_2 + (NH_4)_2Co_3 = CaCo_3 + 2H_2O + (2NH_3)$.

Carbon is a valuable disinfectant and deodorizer, due to its power of absorption. Ferrous sulphate ($FeSO_4$), common green vitriol, is one of the best disinfectants for gas arising from the proceeds of cesspools or privy vaults. A German chemist recommended that the crystals be put in bladders and lowered into the fermenting mass. Dissolved in water and poured down water-closets, basins, etc., it answers very well. Reaction $(NH_4)_2Co_3 + FeSo_4 = (NH_4)_2So_4 + FeCo_3(NH_4)_2S + FeSo_4 = (NH_4)_2So_4 + FeS$.

The most dangerous factors in sewer gas are no doubt the living germs, or bacteria, which are so apt to swarm in foul places, and which may ascend triumphantly through the water standing in the closet-basin and into our sleeping apartments and bath-rooms, there working mischief and death. These germs of disease are microscopic, and not easily detected in the atmosphere. Two foul-smelling gases are found emanating from sewers and soil-pipes, H_2S and $(NH_4)_2S$, which Chlorine readily and most effectually destroys, and Chlorine will most certainly render innoxious those deadly ingredients of sewer gas, the bacteria, or living germs of disease, wherever it can be brought in contact with these mischievous constituents. Reaction $(H_2S) + Cl_2 = 2HCl + S(NH_4)_2S + Cl_2 = 2(NH_4)Cl + S$.

CLINICAL CASES—HEADACHE.*

Case I.—W. D. M., travelling agent, age 39, of nervo-bilious temperament, black eyes and hair, tall and slender; "naturally cold-blooded," and takes cold at every little exposure; skin perfectly healthy, but presents a slightly jaundiced hue; strictly temperate in all his habits; has never had ague, although he confesses that he has lived in malarious districts; and his wife exhibits well-marked symptoms of malarial toxæmia. Three years ago commenced having severe headaches, which came on every Saturday and lasted until the following Monday. These always began with a chilly sensation, followed by fever, and ended with a profuse sweat. Having "no faith in the sugar-pill nonsense," he had sumptuously dined upon Quinine, Bromide of potassium, etc., until the allopathic bill of fare had become exceedingly monotonous. His headaches, instead of coming once a week, were now putting in an appearance every other day, and the patient was fast becoming discouraged. At the urgent request of some intimate friends, who had been under my care, the case came to me July 2d, 1881, at which time he presented the following symptoms: Day before headache always has fugitive chills running up and down the back *without thirst;* then headache, *as if he "had been on a spree,"* begins during the night, with *boring* pain as from an auger just back of external canthus of right eye, lasts until next night, and then gradually declines. As

* We have lost or mislaid the letter which accompanied this paper, and have forgotten who the writer is. If he will inform us, we will announce it in our next number.—Eds.

soon as the headache becomes thoroughly established, the pain settles down into a dull heavy ache, which passes from the external angular process back over the ear to the nape of the neck, producing stiffness with sensation of a knife sticking into flesh when bending neck, accompanied by aching pains in eyes, which are worse from pressure. Sometimes pain commences on *left* side of head, taking a similar course, but never occurs on both sides at the same time. Head feels as if in a vise, from temple to temple; *brain feels bruised, seems to shake when walking, blowing nose, or coughing;* veins on temples stand out like cords; *face fiery red, hot, bloated,* with throbbing carotids; both eyes injected, the one corresponding to affected side being the worse, *sensitive to light,* pupils dilated, *vision dim,* "objects seem to be surrounded with circles, such as are seen when oil is poured on water;" letters run together when reading; *tongue thickly coated yellowish-white,* dry with great thirst, the intensity of the thirst increasing with the headache; brackish taste; *heat with aversion to uncovering, has a chill as soon as the bedclothes are raised; cannot bear the open air;* drowsy but cannot sleep; urine scant, brighter yellow than usual, and stools are of a lighter color; *cannot bear anything tight around the waist, stomach and liver being sensitive to pressure;* feeling of weight and tension in hepatic region; spleen enlarged; *pain in lumbar region as if back would break;* soles of feet cold; "very sick but never vomits;" the appetite is nearly lost, "nothing tastes good," but what he does eat must be very salt.

Aggravation.—Cold wind or cold weather; is worse in the winter; using eyes; motion; stooping, which converts the dull pain into a sharp stitch and causes eyes to become more blurred; sudden jar; light; *reading or thinking; open air.* No aggravation from eating, coffee, noise, or strong odors; and nausea is no worse from sitting up in bed.

Amelioration.—Lying down; hot *or* cold applications; firm pressure; closing eyes; entirely relieved by sweating, *the thirst also disappearing as soon as the perspiration starts.* Quickly following the attack, the jaundice perceptibly deepens, but as rapidly subsides with the increase in urine and the normal color of the stools.

The chill, fever, and sweat, the congestion of the liver, the enlarged spleen, and the history of exposure to miasmatic infection, all pointed to a malarial origin. The symptoms presented a pot-pourri of *Nux, Natr. mur., Bry.,* and Bell.; but the previous drugging, the personal characteristics, and the italicized symptoms led to the selection of Nux^{10x} to be taken

in water every six hours for three days, followed by a powder dry on tongue every twenty-four hours (just before retiring).

July 9th.—Very slight headache yesterday and to-day. "Not the old kind; thinks it due to the intense heat." ℞ continued.

August 3d.—"Severe headache for first time in five weeks." Began in the evening *in the forehead, and ran back to occiput;* sweat profusely during headache, side of face on which he laid being wet; eyes congested and painful, *every movement, however slight, increasing both headache and pain in eyes; dry mouth and lips; great thirst, drinking large quantities at long intervals; stitching pains in side catching him at every motion and when coughing.* This headache was preceded by chills and similar boring pains were present; there was also heat, with red face and aversion to uncovering. But the soreness in epigastrium and right hypochondrium was absent; the tongue was clean; stools and urine normal; backache gone; and the headache was not followed by jaundice. ℞. Bry.,[10x] dry on tongue twice a day.

March 14th, 1882.—"I haven't had a single headache since I took that last medicine; thank the Lord!"

Case II.—Miss A. M. M., school teacher, aged 40, of bilious temperament, *pale, sallow complexion, light hair, blue eyes, and tendency to obesity.* Since her earliest recollection has suffered from sick-headaches, which formerly began in back of neck, radiated over head and finally settled over right eye, forcing her to lie quietly in a dark room and seek sleep, which gave her the only relief (what a case for Sanguinaria!). Generally the headaches come on Saturday, although occasionally she has one in the middle of the week. Homœopathic treatment has somewhat mitigated but "has never succeeded in stopping them;" Nux and Glonoine she thinks have done the most for her. For several years the patient and her sister lived in a malarial climate, where the latter contracted an intermittent fever, which, despite the generous use of Quinine, has, until quite recently, been a most unwelcome companion; while its effects upon the patient were manifest in change of locality, with increased severity of the headaches.

The general health is far from perfect, as will be seen from the following record: *Bitter taste in mouth in morning* when first getting up; *tongue clean, swollen, soft, and flabby, taking imprints of teeth; thirsty,* drinking little but often, worse during night, when she is compelled to arise several times to drink because mouth feels so dry; appetite good, but fried cakes and rich food of all kinds cause derangement of the stomach; years

ago, had "terrible acidity of stomach," and even now is frequently troubled with a *bitter, sour waterbrash;* occasionally has *fetid eructations of gas* tasting something like bad eggs; *cares little for meat,* but is very fond of milk, which agrees; no soreness in epigastrium; at times a soreness across the liver, but can always lie on the right side; bowels more or less constipated with frequent "false calls;" stools *dry and lumpy* but normal in color; *urine light-colored, watery, with frequent desire to micturate day and night;* sleep disturbed by frequent *waking with desire to urinate;* the least sound arouses her; cannot lie long in one position; feels best in the morning, except when she has her terrible headaches; weak and perspires easily; very short breath when going up stairs; feet warm, dry, and no sweat on scalp at night; never has had swelling of the glands; *languor with disinclination for any kind of work; feels rather ill-humored, but is never petulant* (not Nux). For twenty-four hours preceding the headache there is seen surrounding the eyes a very marked red circle, which "is always the warning." The following morning she *awakes with the headache, which gradually increases until noon, and then as gradually diminishes until sunset, when it entirely disappears.* The pain commences at the exit of the supraorbital nerve, and passes around just above supraorbital ridge almost to external canthus, but "*the worst aching is just above the eye;*" is sometimes on one side, sometimes the other (but never on both sides at the same time), is steady but "very, very severe;" sometimes involves inner canthus, corresponding temple and *vertex;* never commences with blindness, nor does it affect eyes in the least. Face is very pale, yet she feels too warm, motion causing chilliness. At climax (about noon), vomiting, either *bilious* or so acid as to almost skin the throat; cannot lift her head from the pillow, although she is very restless; wants plenty of fresh air in the room; *feels better with eyes closed;* increased flow of pale urine; no vertigo.

Aggravation.—From overwork; talking; moving; by being spoken to (causes nausea); *stooping.* No worse from reading, thinking, mental excitement, or noise.

Amelioration. — *Lying down;* cold applications; closing eyes; mesmerism after headache has passed off; some tenderness of the scalp remains for a few days.

Here, originally, was a case of simple migraine, which, at a later period, became modified or *superseded* by "dumb ague." The remedies seemingly indicated were *Cinnabar, Iris, Nux,* and, perhaps, Ars. The direction of the pain, the flabby tongue, and the frequent drinking at night, led me to prescribe

Cinnabar^{3x}, which was given October 31st, 1881, a powder dry on tongue an hour after each meal.

November 12th.—No *sick* headache; slight aching over right eye this morning; tongue flabby. Denies ever having been salivated. ℞. Cinnabar^{30}, 3 p. d.

November 25th.—Had a severe headache on Saturday, with bilious vomiting and all the old symptoms. The medicine "seemed to make her feel badly all over."

The supraorbital pain, alternating between the two sides, the patient's occupation, the recurrence on Saturday, and the bitter vomiting, now induced me to try Iris^{2x}, 3 p. d., although the characteristic blur before the eyes and the afternoon aggravation were absent.

December 12th.—Has had another headache, but "the pain has changed," and is now "*confined to a small spot* (point of exit of right supraorbital nerve) *which I can cover with the end of my little finger*" (*vide* January number of the HAHNEMANNIAN, p. 41). Recalls the fact that she had "sore mouth and gums when a child from taking some allopathic pills." The pain in a small spot immediately suggested Kali bich., which a careful review of the symptoms showed to have been indicated from the first. ℞. Kali bich.^{3x} in water, 3 p. d.

March 14th, 1882.—No more headaches; stomach better than it has been for years; constipation and urinary difficulty much improved; sleep normal.

Moral: "Blindness followed by violent headache" is not a *sine qua non* of Kali bich.

Miscellaneous Contributions.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meeting of the society was held on Thursday evening, May 11th, 1882, at the Hahnemann Medical College; about fifty physicians in attendance.

The minutes of the annual meeting having been read and approved, the President-elect, Dr. W. Budd Trites, in accordance with the by-laws, made the following

ANNUAL ADDRESS.

FELLOW-MEMBERS: Before assuming the position to which

you have assigned me for a second term, allow me to thank you for your kindness in thus honoring me, and also for the assurance it gives me of your approval and confidence.

The year just closed has been an eventful one in the history of homœopathy. Never before have we occupied so large a share of public attention. The death of Lord Beaconsfield will be marked as the beginning of a new epoch in the annals of medicine. The cruel indifference of the British faculty to the appeals of this great public servant in the hour of his extremity, simply because his medical attendant *had been* a homœopathist, has aroused the public mind to the tyrannical decrees of these medical despots. "Who," they ask, "are these homœopathic physicians? What is so peculiar in their principles that even renunciation will not remove the stain they affix to professional reputation?"

The etiquette exhibited about the deathbed of the lamented Garfield has also had an effect. Why a trusted friend, a beloved relative, an educated physician, should be ignored and reduced to the level of a nurse, merely because he believed in the teachings of Hahnemann, is a question which has arisen in the mind of many an honest layman.

Such actions exhibit in a most unenviable light the tyrannical and domineering spirit of our medical rivals, and have been largely responsible for the attention which homœopathy has received during the year.

Never have her tenets received such scrutiny before, and I am glad to say that no other system could have stood the test so well.

What has been the result?

The Royal College of Physicians of England removes the badge of dishonor which she so impudently affixed upon us but a few years ago, and now stands ready to welcome the despised homœopathist, potencies and all, if he will but renounce his distinctive name. The State Society of New York has, by amendment to its code of ethics, opened the door to consultations with us. Too late, alas! for the homœopathic profession in the Empire State have, within themselves, all the wisdom they require.

Homœopathy has been the theme of innumerable inaugural addresses during the year. Bristow and Hutchinson, in England, introduced the fashion, and from them other orators have taken the cue. Homœopathic physicians, they say, are no longer followers of the system of Hahnemann. We no longer use diluted remedies, nor do we prescribe them in ac-

cordance with his law. This the presidents assert in their inaugural addresses. The chairmen of Bureaux of Materia Medica give them the lie by introducing remedies stolen from homœopathic authors, and advising their use in accordance with the law of similars, and in minute doses.

The evidence of this spirit of investigation is nowhere more perceptible than in the medical literature of the day. Books have been written and editorials penned about us. Learned specialists announce, with a salvo of trumpets, their wonderful discovery that Hepar sulph. (Calcium sulphide), in small doses, is an incomparable remedy in threatened suppuration. That Pulsatilla, in half-drop doses, will cure certain kinds of earache. That one drop of the tincture of Cantharides in an ounce of water will cure cystitis, if given in teaspoonful doses at intervals of three hours.

Each of the authors above quoted concludes his article with a withering curse upon homœopathy, exemplifying the adage that "a guilty conscience needs no accuser."

One knows not which to admire most, the supreme audacity that pilfers thus boldly from us, or the impertinence that denies the theft and then, to bolster up the lie, curses us roundly as quacks and charlatans.

Ringer, Phillips, Piffard, and Bartholow have stolen from us the materials with which they have builded for themselves international fame; no wonder, then, that the smaller fry are reaching out their hands for the truths of homœopathy.

But we must not complain, for this spirit of investigation is advancing the cause of scientific medicine the world round, except in Philadelphia. Here, the conservative profession seize with avidity our truths, but denounce, not only us, but even those of their own household who happen to possess a more liberal spirit. But what can we expect of men so blinded by prejudice that they shut the door against physicians of their own faith for the unheard-of crime of being women! Verily, an antique, moss-grown fossil is the Philadelphia County Medical Society "Regular." (?)

The year has, however, been memorable in our local history, being especially distinguished for increased sociability in the profession, and a determination to insist upon recognition in the public medical service. Never have we presented a more compact front than we do to-day. Nor have we ever clamored for our rights with a more lusty and universal voice than during the past year. The gates of Blockley are still closed,

but public opinion was never so thoroughly aroused in our favor as now, and in the near future I feel assured that our rights will be conceded.

It is imperative that we receive recognition from our municipal authorities, but it is no less imperative that the State acknowledge our claims. I would suggest that our delegate to the State Society be instructed to lay before that body a proposition for a united effort to obtain control of one of the insane asylums of the State. Other commonwealths have granted such privileges with most gratifying results.

The position assumed by the authorities in charge of the Municipal Hospital seems most unfair; would it not be perfectly legitimate for this society to inquire why our patients are denied their rights when compelled to seek shelter in this charity?

The faculty of the Hahnemann College have felt for years the need of increased clinical advantages. They desire to build a new college and secure extensive clinical advantages in hospital wards. This is an enterprise which should concern every member of the profession in Philadelphia. It will insure thorough medical training to every matriculant, and in this way aid in the elevation of the educational standard of our school. Again, the erection of a large, commodious hospital will reflect honor upon us, and advance our cause by exhibiting in a public way the advantages of our treatment.

It seems to me that we, as a society, have not exerted ourselves as we might to secure a creditable hospital in Philadelphia. We have stood aloof and left all such movements in the hands of the laity or else to the faculty of the College. I know that this inactivity has been born, largely, of a modest spirit; of a desire to avoid even a suspicion that the profession was to be benefited by the erection of such a charity. The motive is to be commended, but the results following it are to be deprecated. We have no general hospital worthy of the name in Philadelphia. We should remember that we are the exponents of homœopathy in Philadelphia, and that, as such, we should be keenly alive to every movement which will in any way contribute to the success of its truths.

The lay element should be welcomed to this work; into their hands should be intrusted the financial management of all such institutions; but we must not put all upon their shoulders. We, too, must work; we, too, must contribute, if we hope to see an institution erected which shall be a credit to us.

The desirability of introducing a night medical service in Philadelphia, similar to the service in use in Paris, and lately inaugurated in the city of New York, is attracting public attention. An effort will probably be made at an early day to try the experiment in Philadelphia. It presents many questions which should be carefully weighed before final action is taken. A committee to examine into the workings of the system in New York, and to collect such facts as will be useful in determining upon the advisability of such a service, would seem to be needed. If such a service is provided we should see to it that our school is properly represented.

A word concerning the meetings of the society. There is a lack of sociability about them which we would be glad to see remedied. If cordiality can be encouraged and every member be made to feel that he is among friends, who will listen kindly to what he may have to say, it would have a most excellent effect upon our discussions.

I attended, recently, a meeting of one of the medical clubs of this city, and nothing struck me more forcibly than the difference between their methods and those of the County Medical Society. Every man present talked freely on the subject under discussion, their remarks being interspersed with interesting cases and sharp, thoughtful, practical hints. I have seen the same gentlemen sit quietly and mutely here and allow our discussions to drag in a most shameful manner. If we can only abolish this restraint, which seems peculiar to the County Society, the character of our discussions will be wonderfully improved.

It has been suggested, and I think wisely, that newly-elected members be introduced to the society, and be invited to seats upon the platform on their first meeting with us.

I appeal to the gentlemen composing the several medical clubs of our city to aid the officers in bringing about this social atmosphere. I beg of them, also, not to forget the claims the County Society has upon them. Private clubs are pleasant and profitable, but homœopathy in Philadelphia will be measured, not by their meetings, but by the meetings of this society. This is the representative body, and we should be solicitous to have its meetings largely attended, and its discussions and papers of the most excellent character.

The address was listened to with marked attention, and at the conclusion it was moved and carried that the President

accept the thanks of the society; that he furnish a copy for publication, and that the recommendations made be referred for consideration to the Standing Committee on Organization, Medical Education, Statistics, and Legislation, with instructions to report at the next stated meeting.

The Censors reported that they had examined the accounts of the Treasurer, and had found the same correct. Report of audit accepted, and ordered to be placed on file. They also reported favorably on the applications for membership by Drs. T. J. Gramm, W. M. Griffith, L. M. Hickman, H. F. Ivins, and J. K. Wade; whereupon these gentlemen were duly elected to membership.

The President, as directed by the by-laws, appointed the following standing committees:

a. On Organization, Medical Education, Statistics, and Legislation,—Dr. C. Mohr, *Chairman*, Drs. P. Dudley, W. H. Bigler, M. S. Williamson, and E. M. Gramm.

b. On Prevailing Diseases,—Dr. G. W. Gardiner, *Chairman*, Drs. W. C. Goodno, G. W. Parker, J. Cresswell Lewis, and I. G. Smedley.

The Committee on the Introduction of Homœopathy into Blockley Almshouse, through Dr. J. K. Lee, *Chairman*, reported as follows:

"Though the committee gives no evidence of vitality, it is not moribund. The investigations at the Almshouse have made it necessary to forego any pressure upon the Board of Guardians at present, but an efficient sub-committee is quietly operating to secure the election of new members favorable to our application; and when a new order of things is established your committee will renew their effort with reasonable anticipations of success."

Dr. W. B. Trites, secretary of the committee, reported further that copies of the *Evening Bulletin* of May 3d, containing his response to the sentiment, "The Blockley Hospital,—the admission of Homœopathy only a question of time," as given at the recent banquet held in honor of the birth of Hahnemann, had been forwarded to members of Councils, and other city officials, to show the justness of our demands.

Report accepted, and committee continued.

Dr. A. R. Thomas, *Chairman*, reported that the Bureau of Anatomy, Physiology, and Pathology would present for discussion, at the June meeting, the subject of "Fatty Degenerations."

Dr. C. Mohr called attention to the next meeting of the

American Institute of Homœopathy, to be held at Indianapolis, June 13th, and suggested that a delegate be chosen to represent the County Society. Dr. John E. James was appointed.

At this stage of the proceedings it was stated that surprise had been expressed by members of the Executive Committee of the American Institute that so few Philadelphia physicians were members of the national society. Dr. J. C. Guernsey said he had received one hundred blank applications for membership, from the treasurer, Dr. E. M. Kellogg, who hoped many of them would be used. Dr. Guernsey thought if the next meeting (in 1883) were held in Philadelphia a new interest might be awakened. Different views were expressed, when it was suggested to invite the Institute to meet in Philadelphia in June, 1883, some, however, favoring a watering-place, and the discussion became quite lively, when Dr. A. R. Barrett, of Richmond, Va., who had been invited to take part in the discussion, intimated that the next meeting should be held in Virginia, in justice to the Hahnemann Society of the Old Dominion. He made a concise statement in reference to the action of the Executive Committee of the Institute in changing the place of meeting from Richmond, Va., to Indianapolis, Ind. As no conclusion could be reached, the motion to extend an invitation to the Institute to meet in Philadelphia was laid on the table.

Dr. C. Mohr read a communication from Dr. J. F. Cooper, treasurer of the Homœopathic Medical Society of Pennsylvania, referring to the debt of the State organization, which Dr. Cooper proposed to liquidate if the efforts of the Allegheny County physicians were seconded by those of Philadelphia County. A letter commending the matter, and pledging his aid, was read from Dr. J. K. Lee, to whom Dr. Cooper's appeal had been sent. Members expressed the hope that the effort would prove successful, and, on motion, a committee to solicit and receive subscriptions was appointed, consisting of Drs. J. K. Lee, J. C. Morgan, and M. S. Williamson.

Dr. R. J. McClatchey referred to the *Homœopathic Register and Directory*, prepared for the use of the members, and said the secretary had well earned the most hearty thanks of the society, and he therefore moved that the thanks of the society be tendered to Dr. Charles Mohr for the useful and neat book he had compiled. The motion was carried unanimously, by a rising vote.

The Bureau of Sanitary Science, Dr. B. W. James, M.D., *Chairman*, then presented a report on "The Sewage Question,"

which was not concluded when the hour for adjournment had arrived. On motion of Dr. McClatchey the society adjourned to meet on Thursday evening, May 25th, to hear the conclusion of the Bureau's report, and to discuss the question of sewerage.

AMERICAN INSTITUTE OF HOMŒOPATHY.

SUPPLEMENTARY CIRCULAR.

THE following titles of papers were received too late for the general circular:

Bureau of Surgery, A. R. Thomas, M.D., Chairman. George A. Hall, M.D., "Carcinoma of the Rectum;" I. T. Talbot, M.D., "Antiseptic Surgery;" N. Schneider, M.D., "Cystitis;" C. M. Thomas, M.D., "Rapid Lithotrity;" H. J. Ostrom, M.D., "Relations between Waste Cells and Pathological New Formations with Special Reference to Neoplasms of the Breast;" C. L. Green, M.D., "An Emergency in Surgery;" J. E. James, M.D., "Osteotomy."

Bureau of Microscopy, J. Edwards Smith, M.D., Chairman. J. C. Morgan, M.D., "Hyaline Tube-casts."

Bureau of Anatomy, Physiology, etc., W. von Gottschalck, M.D., Chairman, "Mola;" William Owens, M.D., "The Vasomotor Nerves, their Origin, Functions and Relations to Morbid Processes;" G. H. Wilson, M.D., "Perinephritis, with Suppuration, in a Boy Three Years Old;" H. P. Bellows, M.D., "Some Interesting Effects Produced by the Action of Attenuated Drugs upon the Growth of Protophyte as Observed with the Microscope;" C. Van Artsdale, M.D., "The Uterus, Its Anatomy;" John Malin, M.D., "The Uterus, Its Physiology;" N. Homer, M.D., "The Uterus, Its Pathology;" Pemberton Dudley, M.D., "On the Inhibition Theory of Motor Nerve Action."

Bureau of Psychological Medicine, S. Lilienthal, M.D., Chairman. O. P. Baer, M.D., "Psychological and Clinical Observations on Insanity;" T. L. Brown, M.D., "When and Why are We Insane;" P. G. Valentine, M.D., "Tapeworm, Its Relations to Insanity;" J. C. Guernsey, M.D., "Imperfect Hygiene of the Sexual Function in Women as a Cause of Insanity;" J. R. Hayne, M.D., "The Responsibility of the Insane."

J. C. BURGHER,
General Secretary.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., June, 1882. No. 6.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE COMING SESSION OF THE AMERICAN INSTITUTE.—There is one pleasant feature about the sessions of the American Institute of Homœopathy, namely, they are always a success. True, there may be deficiencies in certain bureau reports, or tameness in the make-up of certain papers presented, or too much latitude—and longitude also—in the discussions, or mistakes in parliamentary matters; or there may be grumbling about bed and board—we sometimes do a little of it ourselves—or there may be—well, something or other which detracts from the *perfect* enjoyment and profit of the occasion, and yet, spite of any or even all of these, each session must be pronounced a success, simply because it does, in a high degree, promote the "object" for which the Institute was organized, viz.: "The improvement of homœopathic therapeutics and all other departments of medical science." If we should attempt a demonstration of this statement, those physicians who attend the sessions would charge us with wasting valuable time and space. To them, no such demonstration is necessary; nor is it to any member who actually reads the *Transactions.*

It is rather late in homœopathic history to begin again to urge the usefulness,—the absolute necessity of organizations amongst homœopathic practitioners, and of *this* organization in particular. It is through this organization, far more than any other, that our profession has made her power and influence felt in government circles, and in our more general social life. Without it our present status would be very different from what it is. But what is perhaps more important to our present purpose is, that the influence exerted by the American Institute has reacted upon its own members, and has greatly elevated them in public estimation, while, in even greater degree, it has also added vastly to their practical knowledge and skill in their profession, and thus widely enhanced their influence in the circle of their own practice.

The various bureaus of the Institute now seem to embrace every possible department of medical and collateral research. Whatever may be the professional preference of any physician for a special line of study, he can here find most favorable opportunity for its cultivation, with the added satisfaction of being useful to his professional brethren, and bringing honor to himself. Yet it is utterly hopeless for any physician to join the Institute with an idea of giving more than he can gain. The most learned man in the organization goes to the meetings as an humble pupil, and dyspeptic indeed must that physician be, who does not find, in every bureau report, something to gratify his mental hunger.

The session of 1882 will, of course, have its special features, just as its predecessors had. Some matters of peculiar interest will be brought forward for consideration. Some of the committee reports will embrace information of a character to excite intense interest in our professional ranks. There will be probably a hundred valuable papers presented,—over seventy-five are already announced,—though, of course, no one member will undertake to swallow the entire bill of fare. And then the social element of the gathering, the banquet (tendered this year by the physicians of Indiana), the formation of new acquaintances, the firmer cementing of old friendships, the little private comparisons of professional notes, the flashing wit, the sparkling humor, the general prevalence of jollity and good fellowship, the widespread feeling that every person present at the session, is a personal friend of every other person present (though they may never have met before), and this feeling forcing expression whenever and wherever the members meet—

all these combine to make these annual gatherings about the most enjoyable social occasions of the hard-working physician's life.

All this could be said in just three words, "Join the Institute!" Join it, even if you cannot attend its sessions. Begin at once to identify yourself with its work, to affiliate with its membership, and to add its Transactions to your library!

NOT VERY ENTHUSIASTIC.—The New York *Medical Gazette*, of May 13th, quoting our editorial entitled "The Lion and the Lamb" (see March number), characterizes it as a "premature, but natural, enthusiasm," in view of the change in the Code of Ethics by the New York State Allopathic Society. Homœopathists do not often wax enthusiastic over anything that an allopathic medical society ever does, the sentiments and feelings excited by their doings being usually either amusement or disgust. If, therefore, we could have felt any enthusiasm about that ethics business, it was *not* "natural," though it certainly was "premature." If, however, the *Gazette* will carefully read the editorial (see May number) on "The Consultation Question," he will see that his announcement of our enthusiasm was itself premature, and that, as affecting the real question at issue between the two schools, viz., the right of a society to interfere with the daily professional duties of its members, we take no stock, whatever, in the recent action of the New York society. It has not touched the vital question, and although it does give evidence of coming to its senses, still it has done nothing as yet for any friend of medical progress to grow enthusiastic over.

If it should ever come to pass that allopathic physicians, in their relation to homœopathic physicians, should govern their conduct by those principles and precepts which characterize the acts of gentlemen, it would, of course, be a glad day for homœopathists; glad, simply because the profession, of which they form a part, would thus be cleansed of its deepest disgrace, and all physicians could then look the members of other learned professions right in the face, and not feel themselves the butt and laughing-stock of Christendom.

But what other benefit would it be to us? The time was when homœopathic physicians were in sore need of the privileges of consultation with allopathic surgeons and specialists, because they had none in their own school. Now, however, we are well-supplied with both, as well in quality, and almost

in quantity, as the other school. Our pathologists and diagnosticians are also rapidly taking rank with theirs. As to questions of treatment, all progressive homœopathic physicians are to be regarded as therapeutic *specialists*, and if one of them should call an allopath to aid him in the selection of remedies, he would be regarded as far advanced in cerebral degeneration. As well might a skilled ophthalmologist take counsel with a general practitioner respecting the treatment of a cataract or a glaucoma. We have no possible interest, then, in the solution of the consultation question, save only as it may affect the honor of the profession of medicine.

The American Homœopathic Pharmacopœia Again. —A few weeks ago, Boericke & Tafel sent advance sheets of this valuable Pharmacopœia for review. It contained no index, though we were informed that one was under preparation. We called attention to a few minor errors in the text, most of which, it should be known, Messrs. Boericke & Tafel have very properly used in their table of corrigenda, added after we examined the unbound sheets, and after we handed them our review.

We call attention to these facts, lest our readers, seeing the corrections on the last page of their copy, might infer that we failed to look for such a list when we were examining the book for review.

It is just a little provoking, however, that the printer should have precipitated us into one of the very errors we were criticising in the *Pharmacopœia!* On page 313, of the May number of the Hahnemannian, it is written: "A rather singular mistake occurs on pages 5 and 6" (of the *Pharmacopœia*), "where 'fusil oil' is spelled 'fusel oil.'" If the reader will turn to the pages designated, he will find that the singular mistake referred to is that "fusel oil" is spelled "fusil oil," just the converse of what our printer makes us say. Our MS., however, was correct.

Our July number will contain a lengthy report of the proceedings of the American Institute session, to be held in Indianapolis in June. The report will embrace such matters as the professional reader will particularly wish to know about the meeting, rather than mere minutes of the business. The July issue will be published at the earliest practicable date after the close of the session.

See Secretary Burgher's Circular, on page 372.

Notes and Comments.

Dreadful.—Sixty-five thousand doctors in the United States; and most of them allopaths, too!

Dirt Cheap.—Who wouldn't pay five dollars for a box of cigars when he can save the amount each year by simply not joining the American Institute? And what is the Institute worth in comparison with the cigars?

Cause and Effect.—Every homœopathic physician in the United States who has acquired much distinction for professional attainment, or who has exerted any very marked beneficent influence upon his profession, has been an active working member of the American Institute of Homœopathy. A word to the ambitious young doctor ought to be sufficient.

Fun Ahead.—There is going to be the liveliest sort of a fight between the two factions of the allopathic school at the coming session of the American Medical Association, and all about the homœopaths; one faction being afraid of them while the other is not. While the fight waxes hot the disciples of Hahnemann will sit on the fence and enjoy the sport. And they won't care a sugar pellet which way the battle ends.

Responsibility of the Insane.—The inmates of a lunatic asylum in England have a debating society, which lately discussed the responsibility of the insane for murder. We are told that the decision was that a sense of responsibility was not extinguished, except in rare instances, by mental disease. The verdict seems to indicate that insane people can be capable of reaching about as rational conclusions as any other people.—*Philadelphia Evening Star.*

"Silly and Harmless."—These are the adjectives which Dr. Dake applies to the Tennessee Medical Association in its efforts to check the ever progressive revolution against professional intolerance. Like all other revolutions for the advancement of civilization, it may be hindered in its progress for a time, but it will take no steps backward. Meanwhile the enemies of the movement are preparing for themselves a banquet, at which the principal dish will be—crow.

Room for Improvement.—Only about one-fifth (fifty-eight out of a total of two hundred and ninety-six) of Philadelphia's homœopathic physicians are members of the American Institute of Homœopathy. This is but little above the general average for the whole country. Other large cities do much better. Last year only nine Philadelphians joined the Institute, three of whom were ladies. We suggest that this year each of the fifty-eight members should make an effort to secure one new member. Dr. J. C. Guernsey, 1923 Chestnut Street, has the blank applications.

Professor Palmer's Tirade against Homœopathy, recently published in the *North American Review*, was so palpably weak that, as we are informed, more than two hundred applications were received by the editor for permission to reply to it through his pages. Judging from some of the positions assumed by Palmer, he must be very far in the rear of even the average members of his own school. And there are medical journals whose editors have nothing but fulsome adulation for his shallow vituperation of what intelligent men of all schools acknowledge to be both useful and true.

New Publications.

THE INCIDENTAL EFFECTS OF DRUGS; a Pharmacological and Clinical Handbook By D. L. Lewin. Translated by W. T. Alexander, M.D. William Wood & Co., New York, 1882.

Excellently printed, in good-sized type, this book is inviting even on first appearance.

Its author, having frequently observed with drugs, deviations from what is considered as their typical action, has taken the pains to make annotations of such abnormalities, which he now brings forth in book form. His index of references is quite extensive, as is also his index of subjects.

Drugs are classified according to old-school notions, as tonics, alteratives, narcotics, etc. Under each class are recorded exceptional or incidental effects, which are not ordinarily produced, but which do occasionally follow the therapeutic employment of medicines.

The causes of these vagaries are considered to be individual peculiarities, temporal or local influences, quality of the drug, etc.

To the homœopath, the book brings little that is new, while it omits very much with which his daily work makes him familiar. For nearly all the observations recorded belong to those drug effects which are common results of potency provings, but which follow crude drugs only exceptionally. Still, there are some new facts well related; and, besides, the book is convenient for reference. There is another use of the work, and a most important one. The candid searcher for truth can institute a very profitable comparison between the fragmentary observations noted in this book, and the fuller compilations of the homœopathic materia medica. And when he sees that potentized drugs produce not only these effects, but many more like them, he may be induced to advance a step farther, and test their usefulness in practice. F.

LECTURES ON DISEASES OF CHILDREN. By Dr. Edward Henoch; being the March number of Wood's Library for 1882. New York.

This work of 350 pages treats of all the diseases to which children are especially liable from the hour of birth. The author claims as advantages terseness, absence of needless repetitions, and such originality and efficiency as arise from practical experience instead of mere closet work. We cannot fully agree with the author when he declares that diseases of children are not a specialty. He admits that many diseases occur more frequently in childhood, and that the medical skill needed in their examination can only be acquired by frequent practice. But in admitting this much he defeats his own position, for these are ample reasons why a special study is needed.

The book offers little that is new, but is certainly up to the times. Nervous diseases, as paralysis, chorea, etc., are well digested and deserving of notice. Interesting, too, is the article on invagination.

Concerning "rötheln," the author is non-commital, refusing to declare it an independent disease or to class it with measles. There is an unfortunate

lack of differential diagnosis. Thus, we miss distinctions between varicella and variola, measles and scarlatina and variola, etc. This favors terseness, but not precision. F.

Method of Memorizing the Materia Medica. By A. L. Monroe, M.D.

On the fly-leaf of a copy of this little brochure sent us are the words, "compliments of an ex-student." Now, the uninitiated, picking up the book from our table, might understand this expression literally. But we assure him it has only a technical application—"student" referring to college life, and "ex" out of! In proof of this assertion we refer him to the six hundred "keynotes" belonging to forty-four remedies, and which Dr. Monroe has studiously arranged in acrostic and rhyme. More than this, not satisfied with the labor of making the first letters of the lines spell the name of the remedy, he has also so arranged it that important words either begin the lines or make their rhyming end.

Thus, on page 6, we read:

> "A condition of veins, when well understood,
> Recalls it whenever its use will do good;
> Namely, 'stasis' and 'extravasation' of blood.
> It thus may be used after *trauma* or *strain*,
> Convulsions, contusions, or cough with sore pain,
> And typhus' bad breath and petechial stain."

The temple of knowledge is approached by innumerable paths, some rugged and steep, some long and tortuous, some begirt with inviting scenery and enlivened with entertaining song. He who looks on learning with serious eye will scorn these jingles, as the author calls them, and staff in hand and cocapack on his shoulder, will plod the roughest path he can find. But others, less heroic, who learned the alphabet with pictured blocks, or who are of æsthetic taste, or, again, who are born poets, will eagerly seize on so easy an ascent to the coveted goal. And as they skip along, plucking here a poppy and there some sumach leaves, listening now to the busy, buzzing bee, and now to the ominous crotalus-rattle, snatches of rhyme, adapted to *use* rather than to mere superficial beauty, will chase through their minds, or, mayhaps, come forth into song.

There is a class, too, by no means small, who find it exceedingly difficult to memorize symptoms. To these such a book as the one under notice will commend itself as a useful help, which will sooner or later call for Volume II, and perhaps a third also. F.

A Treatise on Diseases of the Eye. By Henry C. Angell, M.D. Sixth Edition. Boericke & Tafel. 1882.

This book makes no pretensions to indications for internal remedies fortunately; but it does claim to be a textbook for students, and a guide to the general practitioner, fortunately.

The first pages are devoted to a description of the eye. Then follow chapters on examination of the eyes, and on various diseases incident to

this organ and its appendages. Two plates, embracing fourteen figures, are excellent photographs and enhance the value of the book.

Dr. Angell's style is easy and readable, while the subject-matter is full, accurate, and up to date. The fact that the book has reached its sixth edition is evidence of its appreciation and usefulness.

It should be regarded, we think, as a companion of Norton's—the one to furnish descriptions of diseases, the other, reliable therapeutics. F.

An Index of Comparative Therapeutics; with Tables of Differential Diagnosis; a Pronouncing Dose-list in the genitive case; a list of medicines used in homœopathic practice, with memoranda concerning Clinical Thermometry, Incompatibility of Medicines, Ethics, Obstetrics, Poisons, Anæsthetics, Fees, Asphyxia, Urinary Examinations, Homœopathic Pharmacology and Nomenclature, etc. By Samuel O. L. Potter, A.M., M.D., President of the Milwaukee Academy of Medicine, etc. Second edition. "*Nullius addictus jurare in verba magistri.*"—Horatius. Chicago: Gross & Delbridge, 1882. 12mo., pp. viii, 280.

This second edition of Dr. Potter's book treads on the heels of the first edition. The work has been thoroughly revised, typographical errors corrected, and additions made to several articles.

To us, the most interesting feature of this work consists in its exhibition of the fact that the two schools of medicine, so utterly at variance in theory, have yet, somehow or other, come to use many drugs in the same typical forms of disease, and on the same symptomatic indications. The mere fact, thus stated, does not, to our mind, reflect upon the professional integrity of either school, because it is possible, yea probable, that the empirically obtained cures of the allopaths are, in numerous instances, dependent upon a homœopathicity discovered either previously or subsequently by our own school; and, on the other hand, it is not impossible that some of our most palpably homœopathic remedies, *e. g.*, Ipecac in vomiting, Merc. Corr. in dysentery, etc., *may* have disclosed their curative properties under allopathic experimentation. We do know that allopaths claim to base their use of remedies upon "experience," though *how they get the experience before using the drugs* is one of those things that no fellow can find out, and which *they* carefully avoid telling us. D.

Homœopathic Register and Directory, for the use of the Members of the Homœopathic Medical Society of the County of Philadelphia. Compiled by Charles Mohr, M.D., Secretary, under the direction of the standing Committee on Organization, Medical Education, Statistics, and Legislation. 1881–1882. Philadelphia: Globe Printing House, Nos. 112 and 114 North Twelfth Street, 1882.

This is a neat 12mo. volume, of 144 pages, bound in cloth, and containing a brief history of the County Society, its Constitution and By-laws, Fee Bill, the Code of Ethics, Notice of the Societies, College, Journals, Library, Hospitals, Dispensaries, etc., of the city. Also, Laws especially affecting physicians and their professional relations, and a Directory of the Homœopathic Physicians of Philadelphia. We presume that physicians, not members of the Society, can obtain copies at about $1, by applying to Dr. Mohr, No. 555 North Sixteenth Street. D.

Gleanings.

The North American Review on Homœopathy.—In the June number of the *North American Review* appears an excellent article from the able pen of Dr. John W. Dowling, of New York, in reply to an attack upon homœopathy, made in the March number of same journal, by Professor Palmer, of Ann Arbor. Dr. Dowling rightly says: "It is not our purpose in this paper to defend homœopathy; it needs no defence." But he proceeds in a deft and admirable manner to quote innumerable utterances from such authorities as the *Medical Record*, Drs. Jonathan Hutchinson, John Syer Bristow, Bichât, Forbes, Watson, Niemeyer, Aitkin, H. C. Wood, Stokes, Speer, Brown-Séquard, Ringer, and others, all showing the dismal uncertainties and injurious effects of the old-school method of practice; the great need, recognized and acknowledged by the "regulars" themselves, for some teachings that shall yield better results than they now obtain; and, finally, the favorable opinions openly expressed by some of them of our remedies and our mode of administering them, *and their acceptance of the same.* He also proves the fact, well known to homœopathists, that, in old-school hands, "their remedies have proved positively curative in diseases not arising from chemical or mechanical causes, just because they were capable of producing, in healthy individuals, conditions similar to those for which they were prescribed; for similar conditions produce similar symptoms—similar symptoms arise from similar conditions."

The above is but the briefest *résumé* of an article covering twenty-two pages in the *Review*, which merits, and will repay, a careful reading from every thinking mind of whatever shade of medical belief. To homœopathists it will, of course, be particularly pleasing. J. C. G.

A New Narcotic.—A considerable sensation has been produced in Austrian medical circles by the recent appearance, in the drug-market, of a new narcotic, hailing from Queensland, and at present only known to the trade by its quaint native name of "pitchery-bidgery." It is indigenous to Northern Australia—a sort of stunted shrub, from three to four inches in height when full grown, and bearing blossoms of a waxy texture, white in color and flecked with pink spots. The flowers are picked in the month of August, dried, packed tightly in canvas bags, and then subjected to a high degree of pressure, which imparts to them the consistency of cake tobacco. By chewing a small plug of this substance, relief is speedily obtained from bodily fatigue, hunger, and thirst. A larger dose of pitchery-bidgery produces absolute insensibility to pain. Pitchery-bidgery, administered in minute doses, acts as a stimulant; in larger quantities, as a powerful sedative. But it has the peculiar property of enabling those who take it habitually to withstand fatigue and undergo physical exertion upon a low diet.

Scarlatina and Sewer-gas.—At the meeting of the New York Academy of Medicine, held March 16th, Dr. Janeway challenged any one to show a case of scarlatina communicated through sewers. Dr. Alfred Carpenter, of London, in the *Sanitary Record* for March 15th (one day previous to Dr. Janeway's challenge), had described four severe outbreaks of scarlatina in private or public school-houses, all of which, in spite of the most energetic sanitary measures, continued to recur at longer or shorter intervals, until the connection with sewers or with sewage sinks was severed, and the epidemics disappeared altogether. Dr. Carpenter gives a detailed account of these outbreaks, and of the means by which their continuance and recurrence were prevented, and draws the inference that the causation of scarlatina may as often arise from sewage emanations and sewage contaminated with the scarlatina germs, as from personal contact. He also states that he has on several occasions connected outbreaks of *diphtheria* with certain conditions of the sewers.—*Vide* Dr. F. H. Hamilton, in *New York Med. Gazette.*

Koch's Discoveries in the Etiology of Tubercular Disease.—The profession and public have been interested of late in some meagre mention by cable of important revelations said to have been obtained by Koch, of Berlin, respecting the causation of tubercular diseases in the human subject. The following letter from Professor John Tyndall to the London *Times* will serve to cast additional light on the subject:

"To the Editor of the London 'Times.'—*Sir:* On the 24th of March, 1882, an address of very serious public import was delivered by Dr. Koch before the Physiological Society of Berlin. It touches a question in which we are all at present interested—that of experimental physiology—and I may, therefore, be permitted to give some account of it in the *Times*. The address, a copy of which has been courteously sent to me by its author, is entitled 'The Etiology of Tubercular Disease.' Koch first made himself known by the penetration, skill, and thoroughness of his researches on the contagion of splenic fever. By a process of inoculation and infection he traced this terrible parasite through all its stages of development and through its various modes of action. This masterly investigation caused the young physician to be transferred from a modest country practice in the neighborhood of Breslau, to the post of Government Adviser in the Imperial Health Department of Berlin.

"From this department has lately issued a most important series of investigations on the etiology of infective disorders. Koch's last inquiry deals with a disease which, in point of mortality, stands at the head of them all. If, he says, the seriousness of a malady be measured by the number of its victims, then the most dreaded pests which have hitherto ravaged the world, plague and cholera included, must stand far behind the one now under consideration. Koch makes the startling statement that one-seventh of the deaths of the human race are due to tubercular disease, while fully one-third of those who die in active middle age are carried off by the same cause. Prior to Koch it had been placed beyond doubt that the disease was *communicable;* and the aim of the Berlin physician has been to determine the precise character of the contagion which previous experiments on inoculation and inhalation had proved to be capable of indefinite transfer and reproduction.

"He subjected the diseased organs of a great number of men and animals to microscopic examination, and found, in all cases, the tubercles infested with a minute, rod-shaped parasite, which, by means of a special dye, he differentiated from the surrounding tissue. It was, he says, in the highest degree impressive to observe in the centre of the tubercle cell the minute organism which had created it. Transferring directly, by inoculation, the tuberculous matter from diseased animals to healthy ones, he in every instance reproduced the disease. To meet the objection that it was not the parasite itself, but some virus in which it was imbedded in the diseased organ, that was the real contagium, he cultivated his *bacilli* artificially, for long periods of time and through many successive generations. With a speck of matter, for example, from a tuberculous human lung, he infected a substance prepared, after much trial, by himself, with the view of affording nutriment to the parasite. Here he permitted it to grow and multiply. From this new generation he took a minute sample and infected therewith fresh nutritive matter, thus producing another brood. Generation after generation of *bacilli* were developed in this way, without the intervention of disease. At the end of the process, which sometimes embraced successive cultivations extending over half a year, the purified *bacilli* were introduced into the circulation of healthy animals of various kinds. In every case inoculation was followed by the reproduction and spread of the parasite and the generation of the original disease.

"Permit me to give a further, though still brief and sketchy account of Koch's experiments. Of six guinea pigs, all in good health, four were inoculated with bacilli derived originally from a human lung, which in fifty-

four days had produced five successive generations. Two of the six animals were not infected. In every one of the infected cases the guinea pig sickened and lost flesh. After thirty-two days one of them died, and after thirty-five days the remaining five were killed and examined. In the guinea pig that died, and in the three remaining infected ones, strongly pronounced tubercular disease had set in. Spleen, liver and lungs were found filled with tubercles; while in the two uninfected animals no trace of the disease was observed. In a second experiment, six out of eight guinea pigs were inoculated with cultivated bacilli, derived originally from the tuberculous lung of a monkey, bred and rebred for ninety-five days, until eight generations had been produced. Every one of these animals was attacked, while the two uninfected guinea pigs remained perfectly healthy. Similar experiments were made with cats, rabbits, rats, mice and other animals, and, without exception, it was found that the injection of the parasite into the animal system was followed by decided and, in most cases, virulent tubercular disease.

"In the cases thus far mentioned, inoculation has been effected in the abdomen. The place of inoculation was afterwards changed to the aqueous humor of the eye. Three rabbits received each a speck of bacillus-culture, derived originally from a human lung affected with pneumonia. Eighty-nine days had been devoted to the culture of the organism. The infected rabbits rapidly lost flesh, and after twenty-five days were killed and examined. The lungs of every one of them were found charged with tubercles. Of three other rabbits, one received an injection of pure blood-serum in the aqueous humor of the eye, while the other two were infected in a similar way with the same serum containing bacilli derived originally from a diseased lung, and subjected to ninety-one days' cultivation. After twenty-eight days the rabbits were killed. The one which had received an injection of pure serum was found perfectly healthy, while the lungs of the two others were found overspread with tubercles.

"*Results of other Experiments.*—Other experiments are recorded in this admirable essay, from which the weightiest practical conclusions may be drawn. Koch determines the limits of temperature between which the tubercle-bacillus can develop and multiply. The minimum temperature he finds to be 86° Fahrenheit, and the maximum 104°. He concludes that, unlike the bacillus anthracis of splenic fever, which can flourish freely outside the animal body, in the temperate zone animal warmth is necessary for the propagation of the newly discovered organism. In a vast number of cases Koch has examined the matter expectorated from the lungs of persons affected with phthisis and found in it swarms of bacilli, while in matter expectorated from the lungs of persons not thus afflicted he has never found the organism. The expectorated matter in the former cases was highly infective, nor did drying destroy its virulence. Guinea pigs infected with expectorated matter which had been kept dry for two, four and eight weeks respectively, were smitten with tubercular disease quite as virulent as that produced by fresh expectoration. Koch points to the grave danger of inhaling air in which particles of the dried sputa of consumptive patients mingles with dust of other kinds.

"It would be mere impertinence on my part to draw the obvious moral from these experiments. In no other conceivable way than that pursued by Koch could the true character of the most destructive malady by which humanity is now assailed be determined. And, however noisy the fanaticism of the moment may be, the common sense of Englishmen will not, in the long run, permit it to enact cruelty in the name of tenderness, or to debar us from the light and leading of such investigations as that which is here so imperfectly described.

"Your obedient servant,

"HIND HEAD, April 20." "JOHN TYNDALL.

News, Etc.

Dr. George M. Ockford has removed from Burlington, Vt., to Vincennes, Ind.

Dr. E. A. Lodge, the veteran editor of the *Observer*, paid us a brief visit recently.

J. L. Daniels, M.D., graduate of the New York Homœopathic Medical College, class of '82, has been appointed on the House Staff of Ward's Island Hospital.

Homœopathist Appointed.—Dr. Robert Martin, a homœopathic physician of Milwaukee, Wis., has been appointed and confirmed as Health Commissioner of that city, for the term of four years. The salary is twenty-five hundred dollars per annum. Next!

Personal Mention.—Dr. B. W. James, our Business Manager, is on the sick list, but hopes to be about again in a few days.—Drs. Korndoerfer and Sargent, both of whom have been quite sick for a long time, are again on their daily rounds.

The Western Academy of Homœopathy will hold its annual convention this year at Kansas City, Mo., June 20th, 21st, and 22d. Arrangements are being completed for a grand excursion to Denver, at greatly reduced rates; and other attractions will be offered to make the occasion pleasant. The secretary's address is, "C. H. Goodman, M.D., 2619 Pine Street, St. Louis, Mo."

The Clinics at Bellevue Hospital are henceforth to be in charge of a staff of physicians and surgeons representing three of the Medical Colleges of New York city (instead of one, as heretofore), and also including representatives from the allopathic faction of the profession outside. The profession in its entirety, and also two of the medical colleges, are ignored in the new arrangement.

How to Reach the Institute Meeting from Richmond, Va.—Dr. J. C. Burgher, Secretary of the American Institute of Homœopathy, requests us to announce that "members of the Institute can obtain round-trip tickets from Richmond, Va., to Cincinnati, Ohio, for $25, good from June 9th to June 23d, 1882, on application to H. W. Fuller, General Passenger Agent of the Chesapeake and Ohio Railroad, Arlington Building, corner of Ninth and Main streets, Richmond, Va."

Pennsylvania Allopaths and the Code.—At the recent annual session of the Pennsylvania State Allopathic Society, Dr. Henry H. Smith, of Philadelphia, submitted the following resolutions:

Resolved, That this society reaffirms its adhesion to the code of ethics as adopted by the American Medical Association.

Resolved, That the delegates of this society to the meeting of the Association in 1882 be instructed to enter an early protest against the admission to the Association of delegates that object to, and do not observe, said code of ethics in all its recommendations.

After discussion by Dr. Smith and others, a communication was presented from the Philadelphia Medical Society indorsing the sentiments of the resolution.

During the discussion there was a unanimous expression of opinion against the action of the Medical Association of the State of New York, which admits physicians to consult with legalized practitioners, without reference to any school of medicine.

The resolutions were unanimously adopted.

L. M. HAYS.

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, July, 1882. No. 7.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

MOLLUSCA.

(Continued from page 325.)

URINARY ORGANS.—Dull aching in the region of the kidneys. Stinging.

Bladder feels full and as if its contents would fall out over the pubis, constant desire to press them back.

Pressure; urging to urinate; burning after micturition.

Sensation of drops from the bladder, which, however, do not come.

Burning in the bladder. Spasms.

Urethra: moisture oozes after micturition. Gleet.

Burning in forepart of urethra; smarting; tingling at the meatus.

Urine frequent, with urging and bearing down in the pelvis; urging referred to neck of bladder. Frequent micturition at night, with itching in region of bladder.

Has to wait some time before the urine will start.

Turbid, offensive, thick, slimy. Pale, copious. Contains bile-acid, etc. Discharge of mucus periodically in small lumps or after urination; it is admixed with dark pigment.

Sediment yellow, pasty, or reddish; sandy, adherent; white. Cuticle on the surface.

Involuntary urination at night, especially in the first sleep (little girls).

Related Remedies.—The peculiar sensations in the urethra, together with a milky or yellowish mucous discharge, have

led to the employment of SEPIA in gonorrhœa or gleet. Dr. Franklin, probably following Jahr, uses this remedy at the beginning of gonorrhœal inflammation. The tingling, smarting, burning, etc., certainly point definitely in this direction; so we have no doubt of the validity of his claims that the disease is checked or modified by the early exhibition of a dose or two of SEPIA. It acts well, too, in gleet.

The peculiar pressure recorded under SEPIA, as well as the delayed micturition, designate precisely when to use the drug in cystic irritation associated with uterine diseases (*q. v.*).

The sediment and odor of the urine are highly characteristic. Compare: LYCOPOD., *Nat. mur.*, PULSAT., *Dulcam.*, *Benz. ac.*, *Calc. carb.*, LILIUM TIG., *Hepar sulph.*, NUX VOM., *Kreos.*

As regards odor or sediment, SEPIA may be confounded with LYCOPOD., *Calc. carb.*, *Benz. ac.*, *Kreosote.* From the first, it is distinguished by the adhesiveness of the sediment; from the second, by a preponderance of red sediment and by a fetid rather than a pungent odor; and, besides, the *Calcarea* urine is more apt to be clear. Confusion with *Benzoic acid* is not likely, owing to many differences in the actions of the acid and SEPIA. The odor of Benzoic acid urine is not so much fetid, as it is like horses', from the presence of an undue amount of Hippuric acid.

The odor of the SEPIA-urine seems to be due to decomposing mucus, etc. Pathologically it here resembles Dulcam., Senega, Lycopod., Pareira, Pulsat., Laches., Salicyl. ac., Carbolic ac., Nitric ac., Phos. ac., etc.

In cystic catarrh, the nearest relatives of SEPIA is undoubtedly PULSAT. The former is better adapted to chronic cases, the latter to either acute or chronic. PULSAT. has more sensitiveness over the region of the bladder, uneasiness in the abdomen. After micturition, spasmodic pain in the neck of the bladder, extending to pelvis and thighs.

Incontinence of urine suggests CAUSTICUM (also in first sleep; but better than SEPIA in children who are annoyed especially during cold weather, day or night). SULPH., GRAPH., PLANTAG. MAJ., *Equisetum*, *Kreos.*, Silic., *Puls.*, Chloral (latter part of night).

Delayed micturition from atony, rather than from spasm or inflammation, is under SEPIA, HEPAR, MAGNES. MUR. (must use abdominal muscles), Ammon. mur., Selen., Stramon., Natrum phos., Lauroc., Alumina (can only pass water while at stool).

Sexual Organs.—Male: Inclination for coitus, with weakness of the organs. The act is followed by weakness of thought, relaxed tissues, lowness of spirits, vertigo, or anxiety and restlessness. Emissions may be weak and watery. Erections weak, or strong with too quick emission.

Involuntary emissions during sleep.

Loss of prostatic fluid or semen at stool, also of the former after micturition.

Related Remedies.—Sepia, as already stated, applies to men whose sexual powers are weakened by abuse or by general nervous weakness. Coitus weakens, even if seldom indulged in.

It compares with: Sulph., Lycopod., Graph. (the latter excellent when desire remains but organs fail), Petroleum, Selen., Phos. ac., *Nux vom.*, Silica (the latter with sensation on right side of head as if paralyzed; bruised feeling all over).

Female.—Sexual desire diminished. Coitus is painful, and followed by blood from the vagina.

Menses scanty, dark, clotted—scanty, pale, acrid—too late; less often, early and profuse or scanty. Delay of first menses.

Before menses a few drops of blood (fifteen days before the time); colic, aching in abdomen, shuddering over body; faintness; bearing down; mania (profuse menses); acrid leucorrhœa; vulva excoriated, swollen; perinæum feels enlarged and sore. Aggravation of all complaints.

During menses, bearing down with spasmodic contractions in the abdomen; must cross the limbs for relief; restlessness, drawing pains in limbs, tearing in the tibia; toothache; obscured vision; faint spells; palpitation, dyspnœa, headache, epistaxis; great mental depression, weeping. Tearing in the back, chills and heat, thirst and painful contraction of the chest, preventing sleep. Sensation of a heavy lump in the rectum. Dragging and weak feeling in the back. Pains passing around the pelvis from sacrum to groin (with scanty flow).

Menorrhagia or metrorrhagia; flow only or mostly mornings; change of life, etc. Ebullitions, flashes of heat, faint spells.

Uterus: Lancinating from womb to navel.

Painful feeling of stiffness in the uterine region.

Shooting stitches, generally upwards, in the cervix, with burning.

Womb feels as if clutched and then suddenly released, nausea.

Uterus congested, enlarged, indurated, especially the neck. Dropsy.

Malpositions; either versions, prolapsus or flexions.

Bearing down (and kindred sensations): weight in abdomen; heaviness; bearing down, dragging from the chest, abdomen, pelvic region or back, with oppression of breathing or with empty "gone" feeling in abdomen and chest. Crowding and pressing downward in the pelvis; feeling as if everything would push out the vulva. Relieved by sitting with the legs crossed; worse while standing. Bearing down with a peculiar intra-pelvic distressed feeling. Pressure on the bladder as if it would fall out over the os pubis, partially relieved by hard pressure. Bearing down on the pelvis, with slight dragging from the sacrum. Burning pain in small of back with dragging. Sensation of a weight in the anus.

Ovaries: Pressure and weight and pressure to urinate. Stinging. Congestion. Sharp, darting pain (right). Like a thread from right ovary to uterus, drawn tightly; soreness on pressure. Stitching through left ovary.

Vagina (similar pains, etc., to uterus): Burning, sharp shooting pains, worse sitting quietly. Jerking pain from below upwards, worse in the morning on awaking. Contractive pain.

Vulva: Labia sore, red, also between thighs and on perineum. Offensive sweat.

Leucorrhœa like milk, with burning excoriation between the thighs—profuse after urinating—of lumpy mucus, fetid—acrid, with soreness of pudendum—looking like pus—yellow, greenish—brownish, acrid, watery and offensive.

Nipples crack across the crown; bleed; itch, sting.

Labor pains retarded by indurated os uteri, with spasmodic contraction of the cervix and shooting pains upwards. Shuddering with the pains.

Abortion in the fifth or seventh month; abdominal plethora, sensation of weight in the anus.

Related Remedies.—The anatomical relation of the uterine and ovarian bloodvessels with the portal system on the one hand, and the hæmorrhoidal veins on the other, favors the extension of vascular derangement from one of these parts to the rest. Hence, we observe, SEPIA causes portal stasis, uterine stasis, and piles. So, too, piles associate with vaginal catarrh, because the internal iliac supplies the vaginal vessels and the hæmorrhoidal.

SEPIA will seldom be needed, if there is no increase in the amount of pelvic blood.

This remedy, we think, causes its well-known bearing-down pains, by relaxing the tissues, from diaphragm even to perineum. It thus favors gravitation of the abdominal viscera; hence comes dragging. By increasing the amount of blood this effect is intensified, and the overcharged vessels irritate the muscular fibres and make them contract. There is, also, some ovarian irritability, which is not violent, so as to favor, by reflex action, severe hysterical spasms, wild excitement, etc. It is rather subdued, but nevertheless persistent, because made chronic by long-lasting congestion, with want of reaction. The resulting symptoms are, therefore, a combination of erethism, nervousness, and anxiety, with depressed spirits, faintness, and excessive languor.

Organic disease of the uterus, that is to say, enlargement, induration, ulceration, etc., may follow long-lasting congestion. Continued irritation favors the growth of fibrous tissue; and post-partum return of the uterus to its unimpregnated proportions may, under such conditions as SEPIA favors, be only partial; hence results sub-involution.

In estimating the relation of this remedy to others we should regard it as entering into several groups of similar drugs, but most intimately with those which cause abdominal congestion. From another, and equally important point of view, it holds a relation of chronicity with other drugs. It is, as Hering said, "a finishing remedy." And, therefore, unless symptoms emphatically declare to the contrary, it should be viewed as a remedy to follow others, rather than one with which to begin treatment. It is, of course, distinctly understood that the "totality" always decides conclusively. But, in uncertain cases, the rule mentioned has served us well, and, thus explained, we do not hesitate to suggest its use.

We may, then, compare SEPIA with MUREX, NUX VOM., SULPH., *Aloes*, *Aurum*, BELLAD., *Pulsat.*, LYCOPOD., *Podophyl.*, Æsculus, Collinsonia (all with congestion). STANNUM, *Ant. crud.*, *Asterias rub.*, Alumina, *Apis*, Agaricus, LILIUM, *Platina*, ACTEA RAC., Aletris, *Calc. carb.*, *Calc. phos.*, *Conium*, *Kreos.*, Inula, NATR. CARB., NATR. MUR., Kali ferrocyan., Phytolac., Ferrum, *Ferrum iod.* (bearing down, pushing, etc.). AUR., *Aur. mur. natro.*, PLATINA, CARBO AN., BELLAD., Alumen, Amm. mur., NATR. CARB., Iodine (induration). LILIUM, BELLAD., APIS, *Graph.*, *Arg. met.*, *Conium*, *Carbo an.*, *Podophyl.*, Phytolac., *Plat.*, *Pallad.*, *Kali carb.*, etc. (ovary).

LILIUM has bearing-down, funnelling at the vulva; hence

manual pressure there relieves. Ovarian pains, as well as uterine, are more intense than in SEPIA; boring, drawing, shooting, cutting, in the (left) ovary; stinging, darting. Ovarian region sore, sensitive to touch. Sharp pains across the pubes; better from rubbing with a warm hand. Crampy pains. Burning, like coals of fire. Uterus so sensitive she cannot bear the least jar or walking on uneven ground. (In pains it resembles more Actea rac.) Burning all around pubes and genitals. LILIUM, further, has a similar nervousness to SEPIA, but more marked; she is excited, her sexual desire is increased, and she is forced to exercise for relief; her manner is bustling, hurried. SEPIA, per contra, has lack of sexual erethism. The former has diarrhœa, and urination, followed by smarting in the passages; bilious stools. The latter has not the smarting, but merely burning. The former, like the latter, causes disturbed circulation; but it appears as oppression, fluttering of the heart, congestion to head and chest; better in the open air (hence much like PULSAT.); faint in a warm room. Fluttering palpitation after walking; better when busy; SEPIA, better from walking fast. Pain through left mammary region to the back is characteristic of LILIUM.

As to time of exacerbation, LILIUM is worse in the afternoon; SEPIA in the forenoon.

LILIUM may so excite as to lead to hysterical paroxysms. Here it departs from SEPIA, and draws near to PLATINA, with which it also agrees in sexual desire.

"*Helonias*," says Dunham, "produces profound melancholy, deep, undefined depression, with sensation of soreness and weight in the womb, 'a consciousness of a womb." LILIUM dulls the intellect, produces a sensation of *hurry*, with *inability*, and distress based on an apprehension of having some fatal or serious malady." And, further, *Helonias* is an excellent remedy when there is a tired, aching, and some burning in back and legs. This is common enough with women, and no remedy, unless it is Picric acid, relieves more promptly. The debility of *Helonias* is the result of impaired nutrition. Experiments have clearly demonstrated the fact that there results from its use a diminution of red corpuscles, and a general impoverishment of the blood.

SULPHUR is often needed to aid SEPIA in a chronic case. The complementary relation lies in the common power of the two drugs to correct abdominal congestion, and other vascular irregularities. Sometimes when the latter is in use, a forenoon

"goneness" becomes marked, as an 11 o'clock faint, hungry feeling. Or, flushes of heat persist. Again, a one-sided headache persistently returns and weakens the patient. Piles grow worse. The bearing-down becomes continuous, with a weak feeling in the genitals. Then SULPHUR is substituted, and improvement is at once noticed. After a while, however, the symptoms shift pointedly SEPIA-ward; and so the two alternate. Several such cases have been observed. One patient from the West was entirely cured with these two drugs, and remains well. She had been an invalid for years.

MUREX, a mollusc, bears a family resemblance to SEPIA. Provings are, as yet, meagre. But clinical experience has confirmed some of the symptoms. Dr. Dunham, and after him, Dr. B. F. Betts, have made comparisons between MUREX and SEPIA which are sufficient guides in their differentiation.

MUREX, like its relative, causes uterine congestion, epigastric "goneness," cystic irritation, muscular debility, and mental depression.

It differs, however, in that it causes sexual excitement: "desire so violent as to fatigue the reason;" "venereal desire renewed by the slightest touch."

Secretions are more copious than is usual with SEPIA. Thus, menses are profuse instead of scanty. Copious urination at night; urine pale; wakes with a start, and a violent desire to urinate. This is not so marked in SEPIA. Both, however, have intermittent menses.

Both remedies are useful in affections of the cervix: MUREX when there is a sensation of soreness, or "a feeling as though something was pressing on a sore spot in the pelvis." (Betts.) Lancinating pains upwards to abdomen or thorax; thick, green, or bloody leucorrhœa. MUREX agrees rather with LILIUM and PLATINA in sexual erethism, and with KREOSOTE in urinary symptoms.

Clinically it has been used for polyuria, with frequent urging at night. KREOSOTE has: sudden urging, cannot get out of bed quickly enough; urinates with great haste, and passes a large amount; urine offensive.

KREOSOTE, moreover, bears some relation to SEPIA. Both have intermittent menstrual flow, dragging downwards in the back, and pressure outward in the genitals; painful coitus. Vomiting of pregnancy. Urine deposits a red sediment, and is turbid and offensive.

But the menses are usually copious. They are accompanied with somewhat different reflex symptoms from those belong-

ing to SEPIA; notably, difficult hearing, with humming and roaring in the head. The dragging in the back is relieved by motion, not aggravated, as in SEPIA. And the leucorrhœa is more irritating, acrid; it excoriates the parts over which it flows. Sometimes it is yellow, when it has the odor of fresh green corn.

This acridity of leucorrhœa marks clearly the divergence of KREOSOTE from SEPIA, as well as from MUREX. This led to the employment of the drug in cancerous and other ulcerations of the cervix uteri. And we now choose it when there are burning, sensitiveness, and tumefaction of the cervix, with bloody ichorous discharges; sensitiveness to touch or to coitus; and a putridity, which is foreign to the other remedies mentioned.

STANNUM resembles SEPIA in simple prolapsus uteri et vaginæ, with "goneness," bearing down, melancholy. But its characteristic is falling of uterus and vagina during hard stool. Dr. Hughes writes approvingly of its use in relieving the sensation of bearing down so common with womankind, and adds: "I have been quite astonished at its power over prolapsus. It seems to strengthen the uterine ligaments." (*Pharmacodynamics*, 4th edition.)

NUX VOMICA agrees with SEPIA in causing portal stasis, uterine congestion, hæmorrhoids; urging to stool; backache, worse from motion; awakes 3 A.M. But NUX produces a peculiar irritability of tissues, rendering the patient over-susceptible, while functions are performed fitfully, spasmodically, and inharmoniously. Gastric symptoms predominate, and they are just those which result in a nervous person, from abuse of stimulants, high-seasoned food, etc. Thus, after a meal the clothing feels uncomfortable; retching predominates over actual vomiting. There are nausea, weakness, and a faint feeling after eating, as if produced by a strong purgative; but never the "goneness" of SEPIA or MUREX. There is frequent but ineffectual urging to stool, not inertia of the rectum. Menses are too early, though not very profuse, and are accompanied with more spasmodic pains and spasmodic movements in the abdomen than SEPIA, but with less steady bearing down and dragging. NUX has one symptom, common after lacerated perineum, viz.: internal swelling and burning of the vagina like a prolapsus.

ALOES acts on the liver, increases the bile, causes griping in the bowels, and diarrhœa. Its action on bowels and uterus reminds us of SEPIA; for it induces a determination of blood

to these parts, with repletion of the veins and consequent irritation. But the relaxation, which is expressed in SEPIA by dragging and goneness, with weakness of the sphincters, is under ALOES declared as a more complete atony, a paresis.

It is expressed as heaviness, weight, with dragging down. This heaviness belongs to the pelvis, uterus, perineum, rectum, sacral region, and lower bowels. In fact, it is quite universal, even characterizing the headache: dull headache across above the forehead, with heaviness in the eyes and nausea—must make the eyes small with the pain—weight on the vertex. That the headaches belong to bowel and uterine affections, is proved by the fact that they alternate with symptoms of the latter (like Podophyllum).

Coupled with heaviness and congestion, is a weakness of the sphincters. The patient feels a lack of confidence in them; fears lest stool will escape with flatus—fæces and urine will pass together—every time she passes urine, a feeling as if some thin stool would escape—sudden urging in the morning.

ALOES, then, is needed when with uterine congestion and prolapsus, there are heaviness in the abdomen and back, uncertain control of the rectum. The woman frequently suffers from loose bowels. Without any warning, she feels faint, with a sensation as if she was about to have diarrhœa. If the bowels move, there is more wind than substance, and she becomes prostrated and covered with a clammy sweat. If she has hæmorrhoids, they protrude, and are relieved by cold applications.

PODOPHYLLUM suggests itself just here. It, too, acts on the liver, causes diarrhœa and prolapsus of uterus and of rectum; hollow feeling in the epigastrium; pains in the ovaries (right) and down the anterior crural nerve. Burning in hypogastrium and sacral region, with retarded menses.

Its prolapsus uteri is, however, near akin to that of Stannum, bearing down as if the genitals would come out during stool. In STANNUM, however, it is recorded as occurring during hard stool; so PODOPHYLLUM causes the most relaxation in the pelvic region.

PODOPHYLLUM, it would seem, affects first the stomach and liver, and then uterine and rectal symptoms develop. We find it, therefore, most effective when its gastric symptoms concur with its uterine. While it resembles SEPIA in causing bearing down in hypogastric and sacral regions, relieved by lying down, aching in the ovaries, it differs in gastro-hepatic symptoms; fulness, weight, and dragging about the liver, sore-

ness better from rubbing. Diarrhœa only early in the morning or during the day; sometimes the passages are wholly fæcal, but are too frequent. Watery, gushing diarrhœa, from 3 A.M. into the forenoon. Prolapsus ani *before* stool. After stool, weak, faint feeling in the abdomen, weak rectum and prolapsus of the same. This weakness resembles ALOES. It is the paresis of a violent purgative, not the general relaxation of SEPIA.

PULSATILLA NIGRICANS is very nearly related to SEPIA. It cures: scanty, late, menses, bearing down, uterine cramps; backache; fainting. Hemicrania, clavus. Suitable for women who are irresolute, yielding, lachrymose; or, silent, peevish, nothing pleases. Anxiety, which seems to come from the epigastrium or from the heart, with qualmishness. Anxiety as if in a hot atmosphere, also at night, as from heat. Faint, must have air. Chilly, yet generally better in the open air; chilly with the pains; anæmia; chlorosis.

The uterine pains of PULSATILLA are cutting, pressing with weighty feeling, converging towards the pudenda. The weighty sensation is compared to that of a stone, and is observed in the hypogastric region and the sacral. Constrictive, colicky, cramping pains predominate, actual bearing down not so marked. Hence, we employ it so frequently in delayed menses and in labor. It acts fitfully; hence the uterine pains come by fits and starts, as does the menstrual flow; labor-pains are spasmodic, irregular, and finally stop with complete inertia. Thus there is want of power from the very beginning, shown in the fitful character of the contractions, and finally in their utter failure. SEPIA causes more bearing down with the cramp. If indicated in labor, it is when an indurated and unyielding cervix retards the progress. And then there may be spasmodic contractions of the os and upward-shooting pains. Here it favors GELSEMIUM, CALCAREA; while PULSATILLA favors CAULOPHYL., SECALE.

In temperament, PULSATILLA is tearful, mild; or peevish, whimsical, cross; SEPIA is tearful, depressed, but easily irritated and excited; or indifferent.

As already intimated, SEPIA is of use in a congested or indurated state of the cervix uteri, with soreness and burning. AURUM, AUR. MUR., and AUR. MUR. NATRONAT. are similar. But though gold causes hyperæmia, it acts quite differently from SEPIA. On studying its effects, one is impressed with the prominence of two sets of associated symptoms; namely, nervous excitation and vascular irritation. And yet the first

no more represents innervation, than the second does true plethora. They indicate irritable weakness. Hepatic, renal and uterine congestion appear to arise secondarily to a cardiac irritation with hyperæmia.

The prolonged action of gold develops a fever not unlike that of mercury, with profuse sweat, salivation, and copious urine. There is, too, a tendency to an overgrowth of fibrous tissue, whence result cirrhoses. And the glands, at first stimulated, eventually become enlarged and indurated. The periosteum is diseased, and finally the bones are caried.

In keeping with these changes are its characteristic symptoms. Under its influence, the emotions become greatly affected: easily enraged by trifling contradiction; cheerfulness; but the most persistent state is one of melancholy and disgust for life, with tendency to suicide. She imagines she has lost the affections of her friends; the fates are against her; she is no longer fit for this world, and she longs to die. She is seized with præcordial anxiety, and tremulous fearfulness. Rush of blood to the chest when walking fast or for a long time, with bursting fulness. Bruised pain in the uterine region. Over-sensitive to pain, nervous, tremulous, agitated. Uterus congested and prolapsed by its very weight. Sexual desire increased.

While, then, there are congestions, prolapsus, and melancholy, as in SEPIA and MUREX, the course of the symptoms is different, and especially are the mental symptoms different. In AURUM there is melancholy with depression, because of supposed loss of friendship; in SEPIA there is indifference to friends. Anxiety in the former is præcordial, must move from place to place (as in Arsenic), a mere noise makes her anxious. Anxiety in the latter comes, it is true, with disturbed circulation, but it is not especially cardiac, and is accompanied with flushes of heat. Both produce weariness of life, with desire to die, even with suicidal tendency; AURUM, because she has lost the affections of her friends (Talcott); SEPIA, from sheer loathing of life.

PLATINA favors on the one side Gold, and on the other SEPIA. All three have weariness of life. PLATINA, however, has with this a great dread of death, which the patient believes near at hand. As with AURUM, the PLATINA patient feels as if she was alone, but she has a peculiar state of the mind, which finds a physical parallel in her power of vision. She is out of sorts with the world, for everything seems *too narrow*. Things in her own home look strange on her return

after a short absence. Persons are looked down upon as pitiful, insignificant, and very inferior to her. And, similarly, *objects about her look to be smaller than natural.*

Neither Gold nor SEPIA compares with PLATINA in the pronounced nymphomania and voluptuous irritation of the genitals. The menstrual flow in the latter is profuse and clotted instead of scanty.

PLATINA and SEPIA have uterine cramp, but in the latter it is a clutching, as if suddenly seized and then relaxed; in the former it is a decided cramping followed by numbness,—a symptom which is universal in this remedy.

CARBO ANIMALIS has proved itself equal, if not superior, to SEPIA in indurations of the cervix, with burning tearing pain across the pubes. There are labor-like pains in pelvis and sacrum; leucorrhœa stains yellow; menses are followed by great weakness, she can hardly speak; "goneness," not better from eating. Desire to be alone, she avoids all conversation; anxiety and orgasm. The carbons act on the veins, favor offensive flatus, offensive discharges and excoriations, which latter are superficial and irregular in outline. Inflammations are sluggish, but tend to suppuration or death of the parts, with burning pains, great weakness, collapse.

CARBO veg. has caused bearing down in rectum and labia; the os is unusually open; weight in the uterus and right ovary; *menses have a strong odor;* leucorrhœa excoriates; genitals are sore in places, smart, itch, burn, are aphthous. Anxiety with distended veins; a wretched, nervous feeling in the uterus, which culminates in the thighs; nervous, fidgety. Mental depression before the menses.

The carbons, then, would come into use when induration or ulceration is present, with "venosity," offensive, excoriating discharges, and with gastric disturbances, characterized by an accumulation and passage of offensive flatus.

CARBO VEG. may cure varicose veins of the genitals, with blueness and burning,—bluish tumors (CARBO ANIMALIS being preferable if they are indurated),—ulcers, fistulæ, vaginal discharges, when the discharges are excoriating, thin, ichorous; while in SEPIA they are less excoriating and are thicker. Burning across the sacrum, dragging from abdomen to small of back. Burning pain deep in the pelvis, increasing and decreasing (Leadam).

CARBO ANIMALIS causes violent pressing in back, groins, and thighs during menses, with unsuccessful urging to eructate. It is distinguished from SEPIA by a throbbing headache, which

follows the menses. It also has copper-colored acne on the face.

GRAPHITES is an impure carbon which contains traces of iron. It combines the offensive secretions, flatulency, and skin symptoms of the carbons, with anæmia.

According to Dunham the onset of the menses is accompanied with a variety of accessory symptoms, as with SEPIA.

The remedy is not often quoted for prolapsus uteri, but it certainly is needed when there is a feeling as if the womb would press out the vagina; heavy load in the abdomen, lancinating like electric shocks down the thighs (Leadam).

The leucorrhœa is profuse, coming in gushes, and is excoriating. The remedy affects the ovaries more decidedly than does SEPIA; left ovary indurated, swollen, pains when the parts are touched.

Like SEPIA it causes the nipples to inflame and crack. It is very useful to soften or remove cicatricial tissue in the mammæ (like Phytolacca).

But GRAPHITES is best adapted to women who are anæmic, though obese, who are constantly cold, constipated, and subject to a rough, herpetic condition of the skin. Eruptions are moist and sweat is offensive as in SEPIA, but only GRAPHITES has well-marked the glueyness of the secretions. The skin grows hard, cracks and bleeds. There is less desquamation than in SEPIA.

GRAPHITES, by virtue of its effect upon cicatricial tissue and indurations, ought to prove useful in softening the cervix when, as is often the case, a laceration has remained unhealed, acting as a source of irritation.

NATRUM CARBONICUM and other soda salts are complementary to SEPIA.

The carbonate is needed when there are bearing down as if all would come out; melancholy, apprehensive; over-sensitive to music. Backache very like SEPIA; heaviness, worse sitting, better moving, bruised pain over the back at night, tension, boring from tip of left scapula through. Skin dry, rough.

Clinically, it has served when the cervix is enlarged, with ill-shaped os. Dr. Betts has succeeded with it in congenital defective growth of the anterior vaginal wall and this ill-shaped os.

NATRUM MURIATICUM is suited to anæmic women, with thin worn face and general emaciation. They are melancholic, easily angered, suffer from nervous weakness, with palpitation, trembling, anxiety, and predominant chilliness; inclined to

sweat; sweat in the axillæ with chilliness over the back; prolapsus uteri, cramps, scanty menses; urine with red sediment. Painful coitus. It therefore resembles both Pulsatilla and SEPIA. But consolation aggravates (Pulsatilla is easily pacified, seeks consolation); headaches congestive, pseudo-plethoric, with bursting pains, worse from the least motion, even of the eyeballs; mucous membranes smart as with SEPIA, but there is an abnormal dryness; thus, tongue feels dry, eyelids are dry, rectum dry, smarts, etc. With this there is a tendency to erosions, with smarting burning; thus, the tongue is sore and ulcerated; gums sore and bleed. Skin unnaturally dry. The prolapsus uteri is worse in the morning, must sit down to prevent it; with backache, which is relieved by lying on the back. Tension in the hypogastric and inguinal regions as if the skin was tight (Apis). Leucorrhœa greenish, with smarting and feeling of dryness. Cutting in the urethra, which is most marked after urination. Menses scanty or scanty a day or two and then copious.

Natrum hypochlorosum varies the case. According to the prover, Dr. R. T. Cooper, it is useful in debilitated persons, of lax fibre and rather sluggish mentally and bodily. This debility is accompanied with emaciation, nervous exhaustion, and other evidences of deepseated changes in the organism. There are vertigo to falling, with aching across the forehead and uterine bearing down; swimming feeling as if top of cranium was about to float off. Pains across forehead and eyes or on vertex, with uterine symptoms. Brain feels paralyzed, also limbs, fingers numb; fainting spells. Tongue large, takes print of teeth; flatulency, costive, bloated after meals, flatulent asthma,—all indicating abdominal plethora.

These symptoms are met with in connection with uterine diseases. Menses clotted, black; sleepiness, dark circles around the eyes. Bearing down in the uterus, which may be congested, enlarged, and sensitive; constant oozing of blood, worse from any exertion. Womb feels as if it opened and shut; thus not precisely the clutching and relaxing of SEPIA. Feels as if the womb was pushed up when she sits down (a symptom of *Ferrum jod.* also). Swelling low down in the abdomen, going up to chest causing dyspnœa, worse after eating. A weight seems to fall from across the pit of chest to abdomen, with aching on the top of the head. Swelling in the left ovarian region at time of menses. It seemed to cause the prolapsed uterus to rise into its place, reminding one of the experiments of Dr. Jackson with SEPIA. Pruritus. Weak

feeling about the chest. Easily overpowered with heat. This latter is also in SEPIA as well as Natr. mur. and Natr. carb.

ACTEA RACEMOSA is invaluable in the treatment of women. It is especially adapted to those who are predisposed to muscular rheumatism and myalgia. It causes hyperæmia of brain and cord, and even inflammation in the cervical and dorsal spine. Hence come its occipital pains, lightning-like pains, delirium, etc. (see below). It here resembles Absinthe, Abrotanum, Gelsemium; the latter of which remedies, however, has more drowsiness and muscular paresis with less excitement. SEPIA, too, causes fulness of the spinal vessels, but less marked than ACTEA, more passive, more torpid. Sensory nerves, in ACTEA, are excited, while, at the same time, like the motor nerves and the muscles, they are weak. The heart acts feebly and nervously, the pulse is either very quick and feeble or too slow and intermitting. With this there is scanty urine, depositing a red or yellow sediment. There is a general feeling of uneasiness, restlessness, and fidgets; or tremors, nervous chills. The muscles feel sore, bruised, stiff; severe myalgic pains, with numb feeling. Pains violent, dart like lightning. Phillips recommends it even for anasarca with the above condition of heart and urinary secretion, "even when digitalis failed."

ACTEA, then, is pre-eminently a remedy for "irritable weakness." As with SEPIA, there are nervousness, restlessness, melancholy, scanty menses with bearing down, etc. But ACTEA produces a more decided nervous excitement, amounting to delirium, with hallucinations of rats, etc.; it develops an overwhelming apprehensiveness, with no apparent cause, but which cannot be overcome, reducing the patient to despair. In her excited state she feels as if the top of her head was flying off and she would go crazy. She becomes suspicious, irritable, and is dizzy as if intoxicated. All these symptoms form a part of the general nervous state, which depends upon an irritated condition of the uterus and ovaries; or is, at least, perpetuated thereby. And the disturbed state of the uterus seems to be based on a rheumatic diathesis. She suffers more from neuralgia than the SEPIA patient: dull aching from occiput to vertex; aching soreness in the eyeballs, sharp pains thence to the vertex, with red, congested eyes—all associated with flexed or irritable uterus. Very important, too, are neuralgic pains in and about the latter organ: uterus sensitive to touch, pains shoot across from side to side; bearing down, with tightness around the hips, menses scanty, pain con-

tinues after flow begins. The epigastric faintness is not quite the "goneness" of SEPIA. It is accompanied with nervousness, tremors, waves spreading thence all over, feeling as if frightened. SEPIA may be needed in asthenopia, reflex from the uterus; ACTEA rather in hyperæsthesia of the retina or in ciliary neuralgia, reflex from the uterus. Both are very useful at the climaxis; SEPIA for the flushes of heat; ACTEA, according to Hughes, for irritability, pain at the vertex, and sinking at the stomach.

Kali ferrocyanidum has relieved bearing down; leucorrhœa-like pus, profuse but not irritating; sadness even to tears. Sinking sensation at the epigastrium. Passive uterine hæmorrhage with consequent debility. (Bell, McClatchey.)

But these effects ought not to be confounded with those of SEPIA. For the drug is an intense poison, acting on the muscles and heart, etc. The gastric sinking belongs with the weakened heart, the beats of which become diminished in number and force, with consequent coldness, sinking, vertigo, numbness, and tremors. The remedy, then, suits the debilitated when the heart fails. It is closely allied to Kali carb. in weak heart.

Calcarea carbonica causes a pressure in the lower abdomen on physical exertion. Bearing down, worse standing; aching in the thighs. Sore pain, tension, worse holding oneself erect or bending backwards. Stinging in the cervix, stitches. But the menses are profuse and too early, and the general symptoms are, as is well known, very different from those of SEPIA.

Calcarea phosphorica (like PHOSPHORUS) produces a weak sinking feeling in the hypogastrium; empty sinking sensation at the epigastrium. Prolapsus is worse during stool or micturition, with sense of weakness and distress. Aching in the uterus. Cutting through to sacrum. Cream-like leucorrhœa. Burning in vagina, with pain on both sides of bladder and uterus; burning like fire up into the chest. Flushes of heat, anxiety, faintness, debility; she sweats easily.

But the menses are profuse and there is sexual excitement. She is weak and emaciated, consumptive; suffers from partial profuse sweats; but they are not offensive as in SEPIA. Every exposure increases her rheumatic pains and with these, her distress at the uterus.

Among the remaining remedies we may briefly refer to the following:

Mitchella, cervix engorged, dark-red, swollen. This is associated with an irritation at the neck of the bladder, with

urging to urinate. There are, however, no general resemblances to SEPIA. The remedy is rather to be classed with Eup. purpureum, vesical irritability in women (Hughes)—*Hydrocotele*, irritation of neck of bladder; cervix uteri red, with heat and itching of the vagina (confirmed by Dr. Mitchell)—Vespa, ulcer around the os; dysuria—*Apis*.

SEPIA ought not to be confounded with SECALE C. and USTILAGO; for although the three cause bearing down, congestion, aching distress, and prolapsus uteri, the conditions are quite different. The last two act on the muscular coat of the bloodvessels and involuntary muscular fibres in general. Secondarily, from undue relaxation, they favor tumefaction, passive hæmorrhages. Their "bearing down" is prolonged, marked (like Caulophyllum). *Ustilago* has relieved uterine hæmorrhage; also vomiting of blood in a lady with uterine disease; passive flow of blood; the examining finger detects a soft, patulous cervix, and is stained with blood (Woodbury).

VIBURNUM OPULUS has caused and cured pains, coming as in SEPIA, around the pelvis to the uterine region; also goneness, empty feeling at the stomach; bearing down; "nervousness." But the bearing down is much more violent, and culminates in the uterus in intense cramp; thus favoring Caulo., Actea Rac., Secale, etc., rather than SEPIA.

Inula and Hedeoma have been proved, but clinical experience is wanting. Like SEPIA, they cause uterine pains and bearing down; the first, dragging in the genitals, backache, urging to stool and to micturition; the second, bearing down with great weakness in the legs.

SEPIA, in a few instances, has relieved choreic-like symptoms: sudden jerking of the head backwards and forwards; twisting in the stomach and then a rising to the throat. Among similar remedies we should not forget to include ZIZIA. It causes an increase of blood in the uterus, backache, smarting, burning in the back; spasmodic movements of the face and limbs. The mind is at first exhilarated, then depressed, and finally a state of indifference obtains. The most marked characteristic, however, is restless, choreic movements, *worse during sleep*.

When prolapsus uteri is a symptom of general defective nutrition, with little or no local congestion, SEPIA yields to Aletris, Caulophyllum, Abies canadensis, Lac deflor., Calc. phos., Natr. mur., Helon., Natr. hypochlor.

In threatened abortion SEPIA is indicated, not so much by the pains as by the evidence of disturbed circulation. This,

together with irritable nerves and laxness of tissue, makes up the cause of the impending catastrophe. It will be noticed that there are, or there have been, fulness and pressure of blood to head and chest, feeling of heaviness in the abdomen, piles; flushes of heat, with faintness and momentary attacks of blindness,—observed especially when the patient was in a warm or close room, kneeling as in church, when steadily using the eyes, etc. A common attendant, clearly expressive of the nature of the SEPIA case, is the excellent keynote of Dr. H. N. Guernsey: sense of weight in the anus like a heavy ball.

This last symptom is unique, differing materially from the urging of Nux and Sulph., the pressure of Lilium, and the fulness and weight of Aloes. The latter has also sensation of a plug wedged in between symphysis pubis and os coccygis.

THE LYCOPODIUM FALLACY.

BY W. H. WINSLOW, M.D., PITTSBURGH, PA.

(Read before the Hahnemann Club, Philadelphia, June, 1882.)

[This paper was presented to the Bureau of Microscopy, at the meeting of the American Institute of Homœopathy, June, 1882, and suppressed by the Chairman.]

EVERY homœopath acknowledges the value of trituration and attenuation in developing the surface and potency of many medicinal agents. Most practitioners of our school use triturations of certain medicines, ranging from the third to the thirtieth potency. Some believe the thirtieth is more powerful in its action upon disease than the third, and hence use it in preference. Clinical reports of cures by certain potencies, have given fictitious value to the products of mechanical mixture and expended force, and medical opinion has crystallized upon certain potencies to the exclusion of others. We see cures reported after the administration of the third, the sixth, the twelfth, the thirtieth, the two hundredth, the nineteen thousandth, the forty thousandth, and the eighty-one thousandth potencies, while the intermediate attenuations are rarely mentioned. Thus we have an example of the tendency of the Godlike intellect of man to pursue the same course as the simple sheep, which follow the leaders of the flock, even though they jump into the river and perish.

Lycopodium is the spores of a moss-like plant which grows luxuriantly in Northern countries. It is a fine canary-colored

powder, and has been aptly called vegetable sulphur, and witches' meal. The spores are exceedingly minute and hard; one side is rounded, and the other three sides form a triangular pyramid, and each spore consists of a dense, tough, granular capsule, containing many soft protoplasmic granules. The necessity of breaking the capsule, in order to liberate the oily medicinal matter within, is apparent to those who remember how entire the seeds of small fruits pass through the alimentary canal. Trituration of this medicine is supposed more important than that of any other of the pharmacopœia. Hahnemann asserted the necessity of it in his *Chronic Diseases*, and because of this, an opinion has grown that its higher triturations are the most useful in practice. I have heard the assertion from the lips of practitioners and professors, that Lycopodium should not be given lower than the thirtieth potency.

Hahnemann directed to mix one grain of crude Lycopodium with thirty-three grains of Sugar of milk, then triturate awhile, add thirty-three grains more Sugar, and triturate again, then add a final thirty-three grains, triturate again, and mark the product the first centesimal potency.

Grüner appreciated the necessity of a better trituration of Lycopodium, and modified Hahnemann's method of preparation. He directed to mix one grain of the crude substance with one grain of the Sugar of milk, and to triturate awhile, then add three grains of Sugar and triturate again, and, finally, add five grains more Sugar and triturate, in order to make the first decimal potency. He says, "It is impossible to limit the duration of this first process by a general rule. In every case it should be continued for at least half an hour. There are substances, such as Lycopodium, which require several successive triturations before their particles are entirely broken up."

Bœricke and Tafel triturate the crude Lycopodium for several hours, then add one part of the powder to ninety-nine of milk sugar, and triturate again for some time. Their process differs from Hahnemann's and Grüner's in the important particular of triturating the spores before adding the sugar.

Dr. Conrad Wesselhœft has proved that many substances are brought to a finer degree of comminution by triturating them alone, than with an admixture of milk sugar.

I examined some triturations made by the different methods with the microscope, in order to determine the effect upon the spores. I counted five hundred parts of spores and whole

spores in each mixture to determine the percentage of broken ones.

Grüner's preparation of the 1ˣ trituration, gave 490 uninjured spores, and 10 pieces, and broken ones. The injured spores were most of them only split open, and the granular contents still remained in a coherent mass. Thus only two per cent. of the medicine is made active by liberation from the capsules.

Hahnemann's preparation of the 1. trituration, gave 465 uninjured spores, and 35 pieces, and broken ones. The pieces were smaller, and the spores were more injured than in Grüner's trituration. The seven per cent. includes many small pieces, and is probably too high for the number of spores injured.

Bœricke and Tafel's trituration of the crude substance for one hour, gave 475 whole spores, and 25 pieces, and broken ones. The injured spores were ruptured, flattened, elongated, and the granules cohered in small and large masses. Only five per cent. of broken spores is a remarkable showing for the labor performed. The 1ˣ trituration, made from this trituration of the crude substance, gave 450 whole spores, and 50 pieces, and broken ones. The injured spores were broken up into finer pieces than in either trituration made by the rule of Grüner or Hahnemann. This proves that the previous trituration prepared the spores for finer comminution, but the fact of finer division lessens the percentage of injured spores. Probably the original five per cent. of broken spores was doubled by breaking them up into smaller pieces, making the ten per cent. The 2ˣ trituration, corresponding to Hahnemann's 1., gave 420 whole spores, and 80 pieces, and broken ones. There were many single particles, little groups of granules, flattened pieces, and shreds of capsules, showing the good effect of trituration, and the increased value of the preparation over that made by the other processes. The sixteen per cent. of pieces does not probably represent more than the original five per cent. of injured spores in the crude trituration, as it would take several of the pieces to make an entire spore, yet some of the granules may have been distributed, and disguised beyond recognition by alteration in their physical aspects.

These facts render it incontrovertible, that trituration does not have the effect upon Lycopodium that we have so long believed. It is liberal to concede from the microscopic examinations, that the amount of Lycopodium made active by any method of trituration, does not exceed ten per cent. of the

mass. What a loss of power in the inert ninety per cent.! How greatly the facts presented lessen the probability of there being any medicine at all in the 12th, much less in the 30th potency.

The microscope reveals to us another fallacy in homœopathic pharmaceutics.

Miscellaneous Contributions.

THE AMERICAN INSTITUTE SESSION.

REPORTED BY THE GENERAL EDITOR.

THE thirty-fifth session (thirty-ninth anniversary), of the American Institute of Homœopathy, was held at Indianapolis, Indiana, June 13th to 16th, inclusive. A large number of members, representing every section of the Union, assembled in the Grand Opera House.

FIRST DAY—*Morning Session.*—At 10.30 o'clock, the Institute was called to order, and a scripture selection was read, and prayer offered by Rev. E. A. Bradley. Hon. D. W. Grubb, Mayor of Indianapolis, and Dr. C. T. Corliss, of Indianapolis, representing the State Medical Society of Indiana, delivered addresses of welcome, which were suitably responded to by the president.

The order of business, as prepared by the Secretary, was then adopted.

THE ANNUAL ADDRESS of the President, William L. Breyfogle, M.D., of Louisville, Kentucky, was then delivered. The following is a quite full abstract of his address:

MEMBERS OF THE INSTITUTE, LADIES AND GENTLEMEN: In entering upon the duties assigned me by your suffrages, I am deeply impressed with the responsibilities of the work before me, and with profound gratitude for the confidence reposed in according to me the highest honor within your gift. Succeeding in this high office the many who have administered its affairs with such marked ability and success, I bespeak your kind forbearance and liberal aid in my earnest endeavor to carry out the rules and regulations calculated to enhance the harmony and expedite the business of the session, while I promise to put forth my best efforts to accomplish that end, and to receive your good opinion. With these desires, then, I greet you, and extend a hearty welcome to the Thirty-fifth Annual Session of the American Institute of Homœopathy, the oldest national medical organization in America.

In casting our thoughts back over the time that has elapsed since our meeting at Brighton Beach, we are confronted with an array of facts that at once stamp the year as a memorable one in the history of medicine. It is safe to say that during this time medical doctrines and medical ethics have

been more generally discussed, both in and out of the profession, than ever before. In Europe, the meeting of the two international medical conventions brought forth delegates from all parts of the world to participate in the discussion of scientific questions, and to assist in advancing the practice of medicine. Our medical literature has teemed with the reports of these meetings, and with discussions of the subjects brought forward in them, and, in consequence, every reading medical man in the world must have felt a revival of the interest within him.

Among the laity, especially in our own country, the character and progress of medicine have also been subjects of earnest discussion. The various announcements of national and State boards of health, the numerous legislative acts in regard to medicine and sanitary measures, and, above all, the sad illness, the anxious watchings, with alternate hopes and fears, and at last, death of our President, have made the art of healing a familiar subject of criticism and comment in nearly every household. Exactly what effect such discussions have had, it is difficult to determine. The measure of public opinion is full twelve inches to the foot, and may demand of us what we cannot furnish—an exact science—and the medical profession may have lost in one direction as much as it has gained in another, but we are safe in predicting that medical science, in the end, loses nothing by public discussion.

Public opinion may seem at times to deal unjustly, but in the main it is nearly correct, and medical science to-day owes more of its advancement to this cause, than to all the accumulated wisdom of the medical priesthood. It is to a great extent due to this fact that Homœopathy occupies its present high position. An intelligent public, impressed with the fact that it was compelled at times to take medicine, determined to take as little as possible, and seemed ready and anxious to adopt a treatment which Hahnemann had proclaimed to be successful in curing disease without the necessity of hazardous measures. The people care less for the philosophy of Hahnemann's particular method than for practical results, and believing success to be the test of merit, they have continued to encourage it, with liberal support and patronage, until its influence has been felt throughout the entire civilized world. Its practitioners have not been idle, but, grateful for such generous encouragement, they have made every effort to perfect the new system of medicine, and to prove themselves worthy. How well they have accomplished their part, let the proud position of Homœopathy to-day in the United States testify. . . . .

The only real progress made by the allopathic profession in therapeutics during the last century, has been by the rational school. This so-called "chip from the old block," is a modern school, and, while it retains in its features many of the marks of its antique progenitor, still presents many new and promising traits. Its practitioners, observing the successes attending Hahnemann's method of treatment, have gradually grown into the belief that homœopathy, as a reform in medicine, had accomplished its object, and must of necessity cease to exist. Deluded by this idea, they have swept down upon a supposed victim, like certain historical ornithological specimens, only to find a most lively corpse. The revelation wrought a miracle, and the rational school of medicine, which was to absorb Hahnemann's method of treatment, has become simply a feeble imitator in the eyes of an intelligent public, and a detestable time-server, as viewed by the medical dogmatists. . . . .

But, I hear you ask, What has all this to do with the progress of homœopathy, and why should quarrels among allopathists concern us? I am deeply impressed with the idea that it greatly concerns us. While, as disinterested spectators, the impressions left from our boyhood days would incline our sympathies with the weaker party in the fight, we cannot be unmindful of the fact that this division in the ranks of our enemy bodes either good or evil to our cause.

It is, indeed, a golden opportunity for medical truth. If we stand firmly by our principles; if we tune our instruments alike, discard mysterious platitudes, and throw wide open the door to investigation, the best of them will, one by one, be forced to enter our ranks, accepting the law of similars, and assisting us in placing the honored name of Hahnemann where it properly belongs in the history of medicine. This is inevitable. Public opinion will not tolerate a base and transparent imitation. But if, on the other hand, we do not stretch forth the hand of liberality, while challenging the most searching investigation—if we make no kindly effort to bring them within our fold—they may one day dispute with us the rich inheritance left by Hahnemann, and perchance leave us with nothing but the name of homœopathy, while they retain the substance. We should meet their objections in the spirit of frankness, and with candid arguments. They accuse us of practicing under an exclusive dogma, and give this as a reason why they cannot join with us. We should teach them that, while we believe the law of similars to be a general law, like the law of gravitation, we do not believe it to be an exclusive law in therapeutics, and only universal in its own department.

Rest and food will restore exhausted energies, chemical agents will overcome the effects of certain poisons, and the violent symptoms of an overloaded stomach may be quickest cured by an emetic. Yet all these do not disprove the universality of the law of similars, nor does this law teach us to discard other requisite methods of removing the causes and effects of disease. There are many affections that are absolutely incurable under any system of medicine, and in such we claim that, to the true physician, the whole line of palliative treatment is open. We must endeavor to teach by practical results that the law of similars furnishes the most effective, as it does the most scientific, medicinal curative method. Demonstrate that the only proper method of determining the value of drugs is by first proving them upon the healthy body, and that the administration of a single remedy is safer and more effective than the traditional compounds. Show that the true physician should never prescribe a remedy unless he knows how it will act, and that the compounds of various drugs of unequal strength and proportions must be exceedingly uncertain as well as unscientific. These and other facts have only to be pressed upon candid medical men in order that they may bear good fruit. Occupying our present strong position, we can well afford to be liberal.

Opportunities to accomplish all this are not wanting. The right hand of fellowship is already extended to us from the other side. The Royal College of Physicians and Surgeons of London, some months ago, passed a resolution permitting its members to consult with homœopathic physicians, while differing from them in regard to the action and administration of drugs. The Medical Society of the State of New York has also placed itself upon a favorable footing by discarding the code of medical ethics, held by the American Medical Association, and adopting one allowing its members to consult with all legally qualified practitioners of medicine. The refusal of the American Medical Association to accept these amendments cannot prevent the liberal and progressive element in the old school from asserting its independence, and even severing its connection from an organization, which holds in shackles, forged over thirty years ago, an accumulated mass of narrow-minded bigotry, governed by ideas that were hammered and moulded into shape in some of the numerous "sky parlor" colleges of traditional medicine.

Public opinion demands this concession, and we most cordially welcome the situation. While we do not believe that consultations over the therapeutics of a case will often inure to the benefit of the patient, we must subscribe to the language of the new code in that "emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

It is not difficult to point out the result. Toleration begets friendship, and in the near future we may expect our annual meetings to be attended by the members of other schools of medicine. All restrictions removed, they will eagerly accept the opportunity for interchange and consultations, in order to test practically the efficacy of Hahnemann's method of treatment in their more difficult and obstinate cases. It will remain for us constantly to demonstrate the superior efficacy of our method of cure, and who may question our ability to do it?

It may be urged by some that this measure will eventually bring the two schools together, and extinguish homœopathy as a special school; that practitioners of all shades will adopt what is of value in the teachings of Hahnemann, and forget distinctive names in professional fraternity. Believing as we do in the stability of the law of similars, and in its sufficiency for our guidance in medicinal therapeutics, we do not fear the result. If our method of treatment cannot stand the most rigid and searching examination, and if the light of science and accumulated experience proves it to be defective, then, as honest men, we should abandon it. Have no fears, for our method embraces so much that can attract honest seekers after medical truth who have never had a fixed guiding principle, and is in such full accord with the modern developments of science, that it can but commend itself and its faithful followers to general favor.

This, ladies and gentlemen, is the position of the medical profession of to-day. It does seem as if the dark cloud, which had so long cast its shadow over a great part of the medical field, rendering the pathway of therapeutics a darkened maze so unlike the well-defined paths of the collateral branches of the art, is soon to be lifted, so that the sunlight of truth may brighten, and perhaps lengthen the life of man.

The more definite and fixed rules of surgery are due to the absence of opposing systems. The common interest taken in this field by the physicians of all schools of medicine has resulted in a degree of advancement, or perfection, that argues strongly for the cause of unity in the profession. Great operations in surgery, which were regarded as impracticable, are to-day performed with comparative ease and remarkable success. It is but a few months ago that the medical world was amazed at the report of several cases of resection of the stomach, and yet Billroth and his assistants have performed the operation some half dozen times, and clearly demonstrated the advisability of the same under certain conditions. Just prior to this report Czerny gave a detailed statement of three cases of resection of the intestines; in one subject six and one-half feet were removed. The credit of having first performed this difficult and dangerous operation is due, and should be given, to the late Dr. Beebee, of Chicago, a homœopathic physician of great learning and a surgeon of rare ability. For a full report of which case I refer you to the New York *Transactions*, 1869, page 169.

You are aware of the fact that both the spleen and uterus have been successfully removed. A few months ago Dr. A. C. Post, of New York, enucleated the parotid gland, and Dr. Walter Whitehead, of Manchester, England, lately performed the triple operation of gastrotomy, tracheotomy, and excision of the tongue, with perfect results. Dr. J. H. McClelland, of Pittsburgh, and others, have extirpated the kidney, and a transatlantic surgeon has taken out the trachea.

Enucleation of the ovaries is of frequent occurrence, and the aspiration of the different organs almost a daily practice. To the frequent operation of ovariotomy, lithotomy, colotomy, the tying of large arteries, the amputation of limbs, transfusion of blood, trephining, extirpation of cancer, etc., may be added those of laparotomy and gastrotomy.

In other special departments the advancement has been equally great. The operation for cataract, once so difficult, is now one of the most successful known in surgery; and in diseases of the ear and throat, equal profi-

ciency has been made. Verily do the blind see, the deaf hear, the dumb speak, and the lame walk, through the aid of the skilful surgeon.

The united stand taken by the medical profession in sanitary matters has also contributed greatly to the advancement of public health. With firm belief in the truth of the old adage, that "an ounce of prevention is worth a pound of cure," we together have set to work to erect barriers in the pathway of the ruthless destroyers of our race. The American Public Health Association, with doors wide open to sanitarians of all schools of medicine, has steadily progressed, until to-day it is a large body, wielding an immense influence, and numbering among its members the most distinguished names in the medical profession. It affords me great pleasure to note the fact that our own physicians have contributed greatly to this result. At the last meeting, held at Savannah, Ga., through the earnest effort of the efficient chairman of the delegation sent by this body, Dr. M. T. Runnels, of Indianapolis, Ind., our school of medicine was well represented. The papers presented by our delegates, and published in the volumes of *Transactions*, not only reflect honor upon their authors, but likewise credit upon the cause they represent. . . . .

But, as our time is limited, I will leave these general subjects and confine my remarks to matters more directly pertaining to homœopathy. I must first say something of the grand gathering in London, England, during last July, of the International Homœopathic Medical Convention. It would be proper, perhaps, to give a more extended account of that convention than I shall do on this occasion, but as our medical journals have already so fully presented it in all its bearings, and as the volume of its Transactions (which, through the characteristic energy and ability of its president, Dr. Richard Hughes, was, in less than sixty days after the adjournment of the convention, placed in the hands of the medical profession in America) has given you a complete report of the papers and discussions, I shall only venture to refer to its principal features. You have learned that the convention was largely attended and ably conducted; that its doors were thrown open to "qualified medical men and women from all countries," and that it adopted for its standard the broadest liberality of thought and freedom of medical opinion.

Aside from the many able and interesting papers read and discussed, reports were received on the condition of homœopathy in nearly every country, which, I am glad to say, indicated progress in all directions. The strong opposition brought to bear upon homœopathy in foreign countries through the machinery of different governments, the restrictions thrown around its practitioners, and the absence of special educational facilities, had prevented the rapid development and brilliant achievements which have attended its progress in America. In one or two instances these restrictions have encouraged emigration to such an extent that there is danger of an insufficiency of fresh material to fill the vacancies made by time among the veterans in the service. But, notwithstanding this fact, wherever homœopathy has been properly represented it has not failed to win the confidence and respect of the people, and to secure a strong following among the educated and intelligent.

The papers presented were of high order. The address of the president of the convention, Dr. Hughes, struck the keynote of true progress in the science of medicine. And its logical conclusions, no less than its charming delivery and eloquent language, could not fail to impress the convention with the great strength and ability of the writer. The discussions were marked throughout by that freedom of opinion, considerate courtesy to one another, and general harmony which must always result in developing the greatest amount of good. . . . . .

The presence of several female guests was also a noteworthy feature, especially as during the session of the International Congress of old-school physi-

cians, held in London one month later, they were refused admission as delegates.

The hospitality extended the visiting brethren was most cordial and lavish. Societies and individuals alike seemed vying with each other to render attentions that made us forget that we were in a foreign country and among strangers. There were pleasures that will live and keep fresh in our hearts while all else grows old and faded.

In many respects the International Homœopathic Congress was a model medical meeting. Through the wonderful executive ability of its presiding officer, a brief synopsis of each paper was presented, and the discussions thereupon were led by regularly appointed debaters, who had previously read the full text of the papers under consideration, thus avoiding confusion, while insuring full criticism. The American Institute would do well to imitate the example, and, indeed, any medical society would find it greatly to its interest to adopt this plan, thereby saving the time usually consumed in reading lengthy papers, and affording greater opportunity for thorough discussion.

We now turn to the consideration of home affairs, or matters more directly connected with the growth and prosperity of homœopathy in our own country during the last year. Evidences of progress are not lacking. The rapidly growing literature, the increasing number of hospitals and dispensaries, and the increased attendance at our colleges, all attest this.

Of the progress made in hospital practice, we note the surrender to homœopathy of the Binghamton Insane Asylum, in New York, which, together with the State Homœopathic Insane Asylum at Middletown, N. Y., gives us ample opportunity and accommodations for the treatment of this distressing malady. A movement was set on foot some months since, which has grown rapidly in favor, to establish a national homœopathic hospital at Washington, D. C. A new homœopathic hospital has also been established in Kansas City. Our hospital at Pittsburgh is to be enlarged with the sum of $50,000, recently appropriated by the Pennsylvania Legislature. The Hahnemann Medical College at Chicago has greatly increased its hospital facilities, and the Chicago Homœopathic Medical College has secured a portion of the Cook County Hospital, one of the finest hospitals in the United States. The Homœopathic Hospital at Brooklyn, N. Y., has also added sixty beds to the already existing eighty. A number of dispensaries have also sprung up in the larger cities, while those already in existence have greatly increased their means of usefulness.

Our homœopathic medical colleges are improving each year in their facilities for instruction and in their number of students, and while there may have been, through some improper rivalry in the struggle to graduate large classes, a few candidates turned out that were not quite up to the degree of excellence called for, I am glad to be able to say that the high standard of medical education adopted by our colleges, without exception, and the thorough course of instruction given, afford to the student equal, if not superior facilities, compared with those of any other schools. It is important that this high standard be maintained by every possible means at our command, and that the profession generally should interest itself more in the welfare of the colleges. It is to them we must look for reinforcements. It is through such institutions that the student must enter into the vast field of medical practice, and it behooves us to watch vigilantly all who pass their portals. That homœopathy is judged by such representatives should warn us to be only the more careful in selecting the material for these colleges and in exacting from them the most thorough examinations. While it may not at present seem practicable, there is certainly no doubt but that it would be infinitely better for homœopathy if our eleven medical colleges could be condensed into not more than two or three large institutions, and the chairs filled by the best material selected from all the present faculties.

On this plan the professors might receive salaries sufficient to render them independent of the cares of practice, and to allow more time for extensive research in the branches taught, besides removing the temptation of graduating incompetent students.

The affairs of the Institute must also be briefly considered. The little plant so tenderly set out just thirty-eight years ago has become a giant in the forest, its branches extending in every direction, and throwing its protecting influence over a vast area. Time has only improved its vigor, and each year has added new beauties. Storms and vicissitudes have left its strength unimpaired. It is to-day the largest association of homœopathic physicians in the world. This should make us more careful, if possible, in our utterances, and the Committee on Publication more particular to examine the material that enters into our annual Transactions. It should reserve for the action of the Institute the privilege of republication of the proceedings of bureaus as well as of single papers. The right of appeal to the next annual session of the Institute should also be allowed to the authors of rejected papers. Reports of bureaus should be made through a synopsis of the various papers to be presented by the chairman of each, so that longer time may be allowed for discussion. The necessity for sectional meetings would then cease to exist, and the full object of such an organizatien be attained, viz., the gathering together of the gems of thought and experience from many sources for the improvement of the medical art. The usefulness of the Institute can by such means be greatly enhanced. New bureaus can be created and a more general interest taken in the special departments of medicine.

The permanent organization of a bureau of medical education could, to some extent, harmonize and govern the requirements of our medical colleges, and, while it might not directly prevent all differences between rival schools, it would do so indirectly by affording an opportunity for the more quarrelsome to settle their differences, without disgracing the profession by newspaper discussions and libellous pamphlets.

The worthy chairman of the Committee on Legislation has collated a large number of most interesting facts relating to the legal status of homœopathy. In his circular he has not only requested information, both favorable and unfavorable to our interests, but has invited suggestions as to ways and means, by which the American Institute can officially aid in the local and national struggles of our school everywhere, at home or abroad. Such thorough reports must greatly strengthen our organization, and enhance our usefulness.

I would suggest, also, that the American Institute instruct the Bureau of Materia Medica to revise and condense our pathogenesy, and, as soon as practicable, to furnish this body a full report of their labors. We can then publish a condensed Materia Medica in a separate volume, at an additional cost to the members and others, sufficient to reimburse the Institute. Through this bureau a system might be perfected for the more thorough proving of drugs, the necessity for which is growing daily more apparent.

I would also urge upon you the necessity of separating pharmacy from materia medica, giving it a separate bureau, which shall take upon itself the work of examining into, and reporting to the Institute, the value of the drug and attenuations sold by the various pharmacists, and of suggesting some method, by which reliability and uniformity can be secured. I am moved to offer this suggestion, not through any ill-feeling toward dealers in homœopathic medicines, nor with a desire to impugn their motives—for, as a class, I believe them to be generally honest in their dealings—but because science has at last demonstrated what many of the profession have long believed to be true, that there are influences operating in the preparation of attenuations, that are not yet fully undersood.

Our distinguished colleague and scientist, Professor J. Edwards Smith, of

Cleveland, Ohio, whose reputation is above reproach, and whose teachings have never been successfully questioned, has, during the past year, laid aside his "microscope," and, with delicate instruments and labor, that consumed time due to rest and recreation, has succeeded in assaying the different triturations of Aurum met., up to the thirtieth decimal, and with the most startling results. When Professor Smith sent me a button of pure gold, obtained from assaying the thirtieth decimal trituration of Aurum, large enough to handle and examine, which resisted boiling in Nitric acid, and when I remembered how diligently our distinguished colleague, Dr. Wesselhœft, and others, had been for years in searching for this valuable article with the assistance of a microscope, and that the thirtieth decimal trituration of Aurum, properly prepared, should not contain gold at all visible, I believed that there must have been some mistake in the labelling of this particular preparation. It was then suggested that, as President of the Institute, I should furnish the triturations for examination. Ordering from nine reputable homœopathic pharmacies preparations of the first, second, third, fourth, fifth, sixth, and thirtieth of Aurum, I carefully removed all labels and evidences of their origin, marked the corks by letters and numbers, carefully registering each in my book, and forwarded them to Professor Smith. The results of these examinations will be given to the Institute at the proper time, and prove conclusively that triturations of gold, as sold above the seventh decimal, are totally unreliable, the thirtieth, and even the sixtieth, trituration yielding the same amount of gold, as was found in the seventh. It would seem, from the results of these examinations, that Hahnemann thoroughly understood the subject when he advised a limit to drug attenuations. Other discoveries have also been made. Not only are there many inferior triturations sold to physicians, but in some instances the preparation was found to contain large quantities of matter foreign to pure sugar of milk. In some triturations the foreign matter was in excess of the original drug. There are other reasons why such a bureau should be organized, and some uniform standard adopted. Through its investigation may be discovered a method of reconciling the differences of opinion, which have existed among us in regard to drug attenuation and the divisibility of drug matter, and I am sure that every physician, not actuated by prejudice, or a desire to trade upon an issue worn threadbare, will cordially welcome the result. Another strong argument in favor of the proposed investigation is contained in the fact that the absence of a uniform standard in the preparation of drug attenuations has afforded the opportunity for the surreptitious introduction of methods that were never dreamed of by Hahnemann, and that should have no place in scientific medicine. Homœopathy, in its struggle for scientific recognition and place, can ill afford to be handicapped by bottle-washings and other absurd vagaries, nor can we hope to answer satisfactorily the questions propounded by honest inquirers, who are even now knocking at our door for admission, if we are unable to give some scientific reason for the belief that is in us. Shall we not, then, investigate for ourselves, rather than allow others to attend to that matter for us? Everything points to a final resolve on the part of modern allopathy to enter the clinical arena against homœopathy. When consultations begin, then will begin scientific investigations of our provings, our pharmacological processes, and also of our preparations. Our pharmacists cannot escape much longer, and the American Institute of Homœopathy will be compelled to make a record on the subject.

A chief hindrance to the general and candid consideration of the truths of homœopathy is the absurd doctrine, never taught by Hahnemann, of infinite dilution. We should endeavor to arrive at some standard or limit for drug attenuation, and refuse longer to assume any responsibility for triturations and dilutions made in defiance of all reason, and to suit the caprices of men, who are satisfied only when surrounded by impenetrable clouds of

mysticism. There can be no reasonable objection urged against such action on the part of the Institute. When we remember that ninety-nine out of every hundred homœopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal, and that the great clinical conquests of homœopathy have been made, and nearly all the favorable legislation secured by them, we are astonished that some such action has not been taken long ago.

The address closed with a brief allusion to the members of the Institute who had departed this life during the past year. It was frequently interrupted with applause.

On motion of Dr. H. W. Taylor, of Terre Haute, Indiana, the President's address was referred to a committee, consisting of Drs. Taylor, Dake, and Willard. The chair also appointed as an auditing committee, Drs. D. H. Beckwith, A. C. Cowperthwaite, and F. H. Orme.

Dr. J. C. Burgher, chairman of the Committee of Publication, presented his annual report, and also the report of the Executive Committee. The latter report mentioned the action of the committee in changing the place of meeting from Richmond, Virginia, to Indianapolis, Indiana. On motion the report was accepted, and the action of the committee approved.

Dr. H. D. Paine's report as Necrologist alluded to the death, during the year, of Drs. John F. Gray, of New York City; E. T. Richardson, of Brooklyn, New York; S. M. Gale, of Newburyport, Massachusetts; T. S. Scales, of Woburn, Massachusetts; J. J. Youlin, of Jersey City, New Jersey; C. Preston, of Wilmington, Delaware; T. Moore, of Germantown, Pennsylvania; W. Sherzer, of New York City.

Dr. E. M. Kellogg, of New York, treasurer, reported total receipts for the year amounting to $4880.43; and total disbursements of $5308.48; leaving a deficit of $428.05; to which should be added, unpaid bills of $500.00; making a total deficiency of $928.05, this deficiency being due entirely to unusual expenditures in the payment of the balance of bills due upon the issue of the Centennial volumes of the *Transactions*. The treasurer stated, that without doubt, the deficit would be extinguished during the next year from the ordinary income of the Institute. Report accepted and referred to the Auditing Committee.

The Bureau of Organization, Registration, and Statistics, presented its annual report through its chairman, Dr. I. T. Talbot, of Boston. The report mentions 7000 homœopathic physicians in the United States, and 278 institutions; four national societies report 1069 members; twenty-six State so-

cieties report 1783 members; of one hundred and three local societies, sixty-six report 2355 members; of thirteen clubs, seven report 97 members; of twenty-three general hospitals eighteen report 1268 beds; fifteen of these, last year, treated 6675 patients, and the estimated value of eleven of these hospitals is $770,500. Of thirty special hospitals fifteen report 859 beds, and nine of these treated, last year, 10,617 patients, of whom about one-half were confined to their beds, and the cost of ten of these institutions was $1,006,000. Of thirty-nine dispensaries, twenty-seven report, last year, 111,469 patients, and to these have been furnished 256,589 prescriptions; twelve medical colleges have had 1267 students, and graduated 421 physicians this year, and 5680 since they were founded; sixteen journals have published, this year, 9748 pages.

Dr. F. R. McManus, of Baltimore, Maryland, read the applications of ten physicians for membership, and there being no objection to any one of them, they were duly elected.

Dr. J. C. Guernsey reported on behalf of the Homœopathic Library and Reading Room, of Philadelphia. He also read the report of the committee appointed last year on the subject of the library of Dr. Hering. The library consists of several thousand volumes, and the committee recommends the purchase of the library, its deposit in a suitable place in Philadelphia, and that it be known as the Hering Library.

On motion, Drs. H. W. Taylor, J. S. Mitchell, and R. N. Foster, were appointed to consider and report upon the subject to the Institute.

Dr. P. G. Valentine made a brief verbal report of the operations of the St. Louis Society of Homœopathic Physicians and Surgeons; Dr. J. E. James on the Philadelphia County Society; Dr. J. S. Mitchell on behalf of the Homœopathic Free Dispensary, of Chicago. He also mentioned the opening of the Cook County Public Hospital to Homœopathy. Dr. George B. Peck reported on behalf of the Rhode Island Homœopathic Medical Society. Dr. Fisher, of Montreal, spoke of the condition of Homœopathy in the Dominion of Canada; Dr. M. T. Runnels for the Indiana Institute of Homœopathy; Drs. Storke and Sherman for the Wisconsin Homœopathic Society, Dr. Higbee for the Minnesota Society, Dr. Hedges for the Illinois Society, Dr. Ordway, of Arkansas, on the progress of Homœopathy in that State. Dr. McClatchey reported for the Hahnemann Club, of Philadelphia, also for the Hahnemann Medical College, of Philadelphia, Dr. R. C. Allen for the Homœopathic Medical Society of the Twenty-

third Ward of Philadelphia, Dr. Fahnestock for the Northern Indiana Institute of Homœopathy, Dr. R. F. Baker for the Iowa State Society, Dr. R. N. Foster, of Chicago, for the Academy of Physicians and Surgeons of Chicago, Dr. G. E. Brown for the Nebraska State Society, Dr. G. H. Wilson for the Connecticut State Society.

Dr. Pemberton Dudley, chairman of the Committee on Medical Literature, presented his annual report, showing during the year, the issue of forty-seven books, with an aggregate of over 16,000 pages, and thirty-two journals, with an aggregate of nearly 15,000 pages, making a total of about 31,000 pages of homœopathic literature sent out during the year. Sixteen of the journals are American, and sixteen are foreign.

At 1.30 p.m, the Institute took a recess.

Afternoon Session.—The Institute reassembled at 3.20 p.m. The Auditing Committee's report was presented and accepted, and the Treasurer's report was then adopted and referred to the Committee of Publication.

A congratulatory telegram was received from the New York *Medical Times*, and duly responded to.

Dr. H. W. Taylor of the Committee on the Hering Library reported, recommending the adoption of the recommendations of the committee, and that a subscription be opened for that object. The recommendation was adopted.

The Bureau of General Sanitary Science reported through Dr. G. M. Ockford. The report includes several papers, as follows:

"Sanitation, Its Objects and Results," by E. U. Jones, M.D., chairman, of Taunton, Massachusetts.

"Sanitation of Renal Diseases," by J. W. Harris, M.D., of St. Louis, Missouri.

"Vaccination," by D. H. Beckwith, M.D., of Cleveland, O.

"Sanitation of the Exanthemata," by G. M. Ockford, M.D., Vincennes, Ind.

On motion the rules were suspended to allow Dr. Beckwith's paper to be read in full. The paper calls attention to the prejudice against vaccination, which is being so industriously cultivated, and to the immense demand created by the widespread prevalence of small-pox, and the temptation thereby engendered to sell spurious, or inferior, or noxious products for pure vaccine virus. It makes mention of the writer's own observations of maladministration of the business of vaccine propagation. Physicians residing in various parts of the country report to him vast percentages of unsuccessful vaccinations,

and his own experience confirmed their statements. As to the question whether tuberculosis can be transmitted by vaccination, he cited recent authorities to show that the affirmative of the question is doubtless true. The preventive influence of vaccination is then shown to be of a most effective character, and brilliant results obtained from a large number of sources were presented. He thought that a perfect and thorough vaccination is perfectly prophylactic, and probably does not need repetition. He therefore urged the adoption of stringent legal measures to secure the community against impure or inert bovine virus.

Dr. Bowen, of Fort Wayne, Ind., in opening the discussion, expressed the belief that the bovine virus of Beaugency, of 1866, had gradually deteriorated since that time; there had been no perfect vaccination, in his opinion, since the cold winter of 1880–1881.

Dr. H. W. Taylor, of Terre Haute, Ind., said there is more noise about bad vaccination than the facts warrant. As to vaccination with "dead animal matter" that Dr. Bowen speaks about, he had found it impossible after repeated trials.

Dr. Morrell, of Norwalk, O., confirmed some of the statements of Dr. Bowen as to the effects of "bad virus."

Dr. McManus, of Baltimore, Md., had treated a great many cases of small-pox. He had never contracted the disease, and attributed his safety to vaccine matter introduced into his arm seventy-three years ago.

Dr. Ordway, of Hot Springs, Ark., found that unvaccinated persons might escape small-pox, as everybody knows.

Dr. Armstrong, of Lafayette, Ind., complained that vaccination did not "take" well during the last year. In his county, last winter, six cases of variolous disease occurred. Of these, five had not been vaccinated and all died. The remaining one had been vaccinated and had a light form of varioloid, and of course recovered.

Dr. D. S. Smith, of Chicago, Ill., said there is nothing that he had read, nothing he had heard of, which could weigh against vaccination.

Dr. Dudley, of Philadelphia, Pa., said that numerous cases of "spontaneous" cow-pox had occurred in India during the last year. He gave the statistics of the Philadelphia Municipal Hospital during the terrible epidemic of 1871–1872, as well as his own professional observations, in support of the prophylactic virtues of vaccination.

Dr. D. H. Beckwith thought it true, as Dr. Dudley had said, that in case tubercular matter were introduced by vacci-

nation, it will develop symptoms of tuberculosis rapidly, and will not lie quiescent for a long series of years.

Dr. Dickson, of Chicago, called attention to the two varieties, spurious and true, of vaccination, and that these two varieties can be distinguished as they occur in the bovine animal. He had propagated virus to a large extent, and gave some detailed account of the precautions to be observed. He thought cheap points (say less than ten cents apiece) cannot be conscientiously produced.

Dr. B. F. Dake, of Pittsburgh, Pa., continued the discussion, as did also Dr. Richardson, of St. Louis, Mo., and Dr. I. T. Talbot, of Boston, Mass. The latter gentleman urged that active measures should be adopted to secure the intervention of government to protect the profession and community against the propagation and sale of impure or inert vaccine virus. He offered a resolution to that effect, which, after adverse discussion by Dr. T. P. Wilson, and others, was adopted.

The discussion of sanitation was then continued at some length, after which the Report of the Bureau was closed and referred to the Committee of Publication. Adjourned till 8 P.M.

Evening Session.—The report of the Bureau of Materia Medica was presented by the chairman, Dr. A. C. Cowperthwaite, of Iowa City. It embraced:

"Confirmed Symptoms, Clinical or Proved, in Diseases of Women and Children," by Kate Parsons, M.D., of Cleveland, Ohio.

"Provings of Amorphous Phosphorus," by H. N. Martin, M.D., and presented as a contribution of the Philadelphia County Society.

"Confirmed Clinical Uses of a few Remedies," by H. N. Guernsey, M.D., of Philadelphia, Pa.

Dr. William Owens, of Cincinnati, discussed the properties of one of the drugs mentioned in Dr. Guernsey's paper, viz., *Acetic acid.* It tends to soften and destroy epithelial tisues. Hence, he had succeeded in removing epithelioma by the application of Acetic acid 2^{x}. The internal use of the drug had also given good results. It also answers efficiently in septicæmia, preventing the decomposition of tissues. Scirrhus cancer also had been affected favorably by the same drug, and he had administered it hypodermically in the affected neighborhood, the injections being made in dilute form and at intervals of two weeks.

Dr. Cowperthwaite contended against Dr. Guernsey's

habit of not repeating the dose except at exceedingly long intervals. He had left college with full confidence in Dr. Guernsey's views, but he had been forced to change his opinions, and his experimental knowledge had been dearly bought.

Dr. H. W. Taylor characterized Dr. Guernsey's method as pure expectancy, and neither Hahnemannian nor homœopathic.

The papers were then, on motion, referred to the Committee of Publication. Adjourned.

Second Day—*Morning Session.*—The Board of Censors reported favorably upon twelve applicants for membership, and there being no objection to any one of them, they were, on motion, elected.

W. H. Winslow, M.D., of Pittsburgh, Chairman of the Committee on Foreign Correspondence, reported that, in Switzerland and other countries, homœopathists are progressing side by side with allopathists, because all practitioners are graduates of the same university, and the knowledge of homœopathy is superadded to the knowledge of allopathy, and the practice of all physicians is modified by homœopathy. In Germany, homœopathy is stronger than it appears to be. All prescriptions must be dispensed by druggists, and there are, consequently, fewer sharp lines of distinction between the schools than here, or in England. In France, notwithstanding the despotic attempts to crush our system, still there is strong ground of hope for its future in that country. In England there are more men engaged in the study of homœopathy than ever before, still there are causes and occasions of difference among our friends there, but there is reason to believe that more unity is being secured. There seems to be a likelihood that England's homœopathic policy will soon follow somewhat in the same direction which has led to such excellent results in this country. The report was accepted and referred.

The report of the Committee on Legislation was presented by J. P. Dake, M.D., of Nashville, Tenn., the chairman, Dr. J. C. Morgan, of Philadelphia, being absent.

The report embraces statements of the educational and sanitary legislation in its reference to homœopathy, the national medical civil service, the army and navy, the marine hospital and pension service, etc. The letter of the surgeon-general of the navy practically opens the door of the naval medical service to practitioners of our school, while the silence of

the marine hospital department and the letter of the surgeon-general of the army indicate positive hostility, to which the report recommends earnestly the equally positive and determined action of the Institute. The report also recommends the appointment of an embassy to wait upon the government authorities in relation to the matter, and that the profession exert their utmost influence to secure the interpretation of all medical service regulations that shall accord with our just claims.

The special department of the report, which relates to the medical service of the army and navy, with correspondence on the subject, was also read in full.

Dr. J. C. McClelland recommended national governmental action in reference to the hygiene of public buildings.

Dr. R. N. Foster, of the same committee, urged the Institute to take action, looking to secure national legislative supervision of the work of medical education, with a view to a positive and decisive elevation of its standard.

Dr. H. W. Taylor moved the thanks of the Institute to Dr. Morgan for his report. Adopted.

The following was offered by Dr. Dake, and adopted:

Resolved, That the subject of the rejection of homœopathic physicians from service as surgeons in the United States Army, as distinctly stated by Surgeon-General Barnes in his correspondence with Dr. Morgan, be referred to the Committee on Medical Legislation, with power to act, in the name of this national body.

The Committee on Medical Legislation was, also, by vote, instructed to further consider the recommendations set forth in the papers of Drs. McClelland and Foster.

Dr. M. T. Runnels, Chairman of the delegation to the American Public Health Association, made a report, rehearsing the action of homœopathic members of that body, the papers presented by them at the session, the feeling between the members of different views of practice, etc. Accepted and referred with thanks.

The report of the delegation to the International Homœopathic Convention was presented by Dr. B. W. James, who, among other pleasant things, said that no American homœopathist could ever imagine the hearty hospitality of his English brother, until he had actually experienced it. He also gave a general idea of the work done by the convention, the attendance, etc., pronouncing it in all respects a magnificent success.

Dr. Cowperthwaite, Chairman of Committee on Railroad Fares, made their report, which was accepted with thanks.

The Committee on the President's Address reported through Dr. H. W. Taylor, Chairman, offering the following recommendations:

1st. That the thanks of the Institute be tendered President Breyfogle for his address, and that 5000 copies be issued in pamphlet form, and distributed among members and others.

2d. That the title of the Bureau of Materia Medica, Pharmacy, and Provings be amended by striking out the word Pharmacy.

3d. That an additional bureau be established, to be called the Bureau of Pharmacology.

4th. That a Bureau on Medical Education, in place of the Inter-Collegiate Committee, be established, to be filled by members not connected with any college faculty.

5th. That section 10, Article 7, of the By-Laws, be so amended, as to accord with the amendments above recommended.

6th. That the Bureau of Materia Medica be instructed to prepare a condensed Materia Medica of the drugs in most prominent use.

The last-named recommendation was laid on the table. The others were adopted.

The report of the Bureau of Clinical Medicine reported, through Dr. J. W. Dowling, the following papers:

"A Plea for the Homœopathic Treatment of Intermittent Fevers," by Edward Rushmore, M.D. of Plainfield, N. J.

"Clinical Miscellany," by E. A. Farrington, M.D., of Philadelphia, Pa.

"Apoplexy—A Clinical Case," by S. Lilienthal, M.D., of New York.

"Report of Cases Treated with High Potencies," by David Thayer, M.D., of Boston, Mass.

"A Case of Hip-joint Disease Cured by Rest and Purely Homœopathic Remedies," by P. G. Valentine, M.D., of St. Louis, Mo.

"The Clinical Aspects of Koch's Discovery," by J. S. Mitchell, M.D., of Chicago, Ill.

"A Prescription in Council and the Reasons Therefor," by J. C. Morgan, M.D., of Philadelphia.

"Importance of Pathology and Diagnosis in the Treatment of Disease," by J. W. Dowling, M.D., of New York.

Afternoon Session.—Dr. Dowling presented before the Institute a well-marked case of Addisonii morbi, detailing its history and progress, and discussing the general characters of the disease.

Dr. J. S. Mitchell, of Chicago, discussed the paper (by himself) on "Koch's Discoveries in Tuberculosis." He thinks that even if Koch's discoveries be confirmed, it will probably be learned that we can make little use of them, unless in the way of vaccination, and no method of effecting this in the case of tuberculous disease seems likely to be expedient or practicable.

Dr. H. W. Taylor, Dr. Bowen, of Fort Wayne, and Dr. J. M. Dowling, of New York, continued the discussion at some length, and the report of the Bureau was then accepted and referred as usual.

The Bureau of Obstetrics reported, through Dr. C. G. Higbee, chairman, the following papers on the general subject of "Puerperal Annoyances:"

"Prevention of Laceration of the Cervix," by R. N. Foster, M.D., of Chicago.

"Case of Puerperal Fever," by J. W. Dowling, M.D., of New York.

"Nurses and Nursing in the Lying-in Chamber," by C. G. Higbee, M.D., of St. Paul, Minn.

"Rectal Complications," by E. C. Morrill, M.D., of Norwalk, Ohio.

"Puerperal Mania," by H. H. Hofmann, M.D., of Pittsburgh, Pa.

"Meddlesome Midwifery," by C. Ormes, M.D., of Jamestown, New York.

"Affections of the Nipples," by Millie J. Chapman, M.D., of Pittsburgh, Pa.

"Statistics of the Puerperal State," by George B. Peck, M.D., of Providence, R. I.

"Annoyances of Children," by J. P. Mills, M.D., of Chicago, Ill.

Discussion on the papers followed, participated in by Drs. R. Ludlam and W. J. Hawkes, of Chicago, Dr. Dowling, of New York, Dr. Eaton, of Cincinnati, Dr. Foster, of Chicago, Dr. Morrill, of Norwalk, Ohio, Dr. Vanartsdalen, of Ashburne, Pa., Dr. Boyd, of St. Louis, and Dr. Higbee, of St. Paul, Minn. The report was then referred for publication.

The Board of Censors reported twelve more candidates for

membership, who were elected; also, one other, whose graduation was in doubt, was postponed until to-morrow morning.

The report of the Bureau of Gynæcology was then presented by Dr. O. S. Runnels, of Indianapolis, pending which the Institute adjourned until 8 o'clock.

Evening Session.—Pursuant to a vote of the Institute, taken at the afternoon session, the report of the Bureau of Microscopy and Histology was made the special order of business at the evening session. The report was presented by the chairman, J. Edwards Smith, M.D., of Cleveland, Ohio, and consisted of the following papers:

"Remarks and Suggestions Concerning Certain Homœopathic Triturations," by J. Edwards Smith, M.D., of Cleveland, Ohio.

"Professor Koch's Bacteria in Tubercles, a Great Fallacy," by R. R. Gregg, M.D., of Buffalo, N. Y.

"The Lycopodium Fallacy," by W. H. Winslow, M.D., of Pittsburgh, Pa.

"The Behavior of Gold in Certain Triturations, Examined with the Microscope," by C. Wesselhœft, M.D., of Boston, Mass.

"Examinations of Triturations of Carbo veg.," by E. Rushmore, M.D., of Plainfield, N. J.

"Does Picric acid Produce Fatty Degeneration of the Red Blood Corpuscles," by L. D. Couch, M.D., of Nyack, N. Y.

"Hyaline Casts," by John C. Morgan, M.D., of Philadelphia, Pa.

The paper of Dr. Gregg was read in full by its author. The paper takes decided exception to the prevalent view that many or all zymotic diseases are dependent upon bacteria, or other organisms, and reiterates Dr. Gregg's view, now well known to homœopathic readers, that these so-called bacteria are simply blood fibrin in fibrillar and granular forms of coagulation.

J. E. Smith, M.D., read his paper on the subject of gold triturations. He began by referring to the early history of the subject, and his connection therewith. His more recent investigations had enabled him to answer certain questions referring to the effects of triturations of Aurum metallicum with Sugar of milk. He subjected the various triturations of gold to incineration (under peculiar conditions, which he carefully described), and ascertained its weight by a balance responding to five ten-thousandths of a grain. He made numerous ex-

aminations of samples furnished by President Breyfogle, of whose strength he knew nothing. The result showed that there is, even in the very lowest triturations, a very marked inequality in the diffusion of the metal throughout the mass of the trituration, and the higher the trituration the greater the percentage of inequality; and the practical conclusion is that in triturations above the fourth decimal, the percentage of variation will reach 200 per cent. of the mean quantity of the drug, and that hence certain portions of the triturations are liable to be free from gold entirely. Further, that the 30th decimal was found to contain gold enough to supply the 7th or 8th decimal. Also that the doctrine that the 6th of gold is soluble, and may be used in making liquid attenuations, is not supported by actual experiment. One of the most significant results demonstrated by the experiments is, that it is impossible to obtain Sugar of milk perfectly free from inorganic impurities.

Dr. Dudley asked Professor Smith, in view of the fact that all the 30ths except one contained enough gold to stock the 7th, if this fact could be due to unequal diffusion, or if it was due to actual dishonesty on the part of the pharmacist, to which Dr. Smith replied that Dr. Dudley's verdict was perhaps as reliable as his own.

President Breyfogle confirmed the statements made by Dr. Smith in his paper. He said the triturations operated upon represented nine reputable pharmacies, which he of course would not name. He desired to call attention to the fact that one of the common impurities of Milk sugar is lime. This drug is the antidote of sulphur, and it is a fact that the 6^{x} of sulphur contains much more than ten times as much of the antidote as of the drug.

Dr. Cowperthwaite mentioned some experiments made by himself in the purchase of drugs, showing that goods are sold under names indicating preparations which cannot possibly be produced. He was glad of the prospect of improvement in our medicinal preparations, to which these researches seem likely to lead.

Other members spoke earnestly of the necessity of continuing the work of examining the triturations and other medicinal preparations, and of the expediency of providing the Bureau of Pharmacology with funds to enable it to carry on the work. It was therefore voted to receive special contributions to that end, which were being freely offered by numerous

members, and the treasurer was authorized to receive such funds and appropriate them to the desired object.

Dr. Dake offered the following, which was unanimously adopted:

"*Resolved*, That the Bureau of Pharmacology be instructed to continue the investigation as to the purity and faithfulness of drug attenuations sold by our pharmacists, so well begun by Professor J. Edwards Smith, Professor Norman B. Wood, and Professor C. Wesselhœft, and that the results as to the character of each preparation, and as to the pharmacy producing it, be reported at the next annual meeting."

On motion of Dr. Dudley, Professor J. E. Smith was requested to convey to his friend, Professor N. B. Wood, the Institute's appreciation of his services rendered to the Homœopathic medical profession, by his investigations made in reference to the character of drug preparations. Adjourned.

Third Day—*Morning Session.*—Dr. O. S. Runnels, acting chairman of the Bureau of Gynæcology, offered the following papers:

"Remarks on Uterine Diseases," by H. Minton, M.D., Brooklyn, N. Y.

"Podophyllum in Gynæcology," by C. M. Conant, M.D., Middletown, N. Y.

"Dysmenorrhœa," by F. F. Casseday, M.D., of Kansas City, Mo.

"Afterpains," by W. H. Bigler, M.D., of Philadelphia.

"Indications for Trachelorrhaphy," by O.S. Runnels, M.D., Indianapolis, Ind.

Dr. Runnels's paper was read in full, and the report was duly referred for publication. The paper was then discussed by Drs. J. H. McClellan, H. W. Taylor, and others.

The Report of the Bureau of Ophthalmology and Otology furnished the following papers:

"Syphilis and the Eye," by J. H. Buffum, M.D., of Chicago, Ill.

"Suppurative Keratitis in Exhaustive Fevers," by W. A. Phillips, M.D., Cleveland, Ohio.

"Glioma of Retina," by C. H. Vilas, M.D., of Chicago, Ill.

"Astigmatism," by W. H. Winslow, M.D., Pittsburgh, Pa.

"Cancer and the Eye," by D. J. McGuire, M.D., of Detroit, Mich.

"Exanthemata and the Eye," by George S. Norton, M.D., of New York city.

"Some Points for the Family Physician about the Treatment of a Class of Cases who Become Gradually Deaf," by Th. Liebold, M.D., of New York.

The Board of Censors reported seven additional names of candidates for membership. Six of these were at once elected. As regards the seventh, there was some doubt as to the status of the college from which he graduated *at the time* of said graduation. Explanations respecting the subject were made, satisfactory to the members, and the candidate was elected without dissent.

The special order of business for 12 o'clock M., being the election of officers, and selection of place of meeting for the ensuing year, an invitation was received from Baltimore, Md., through Dr. F. R. McManus. Dr. J. W. Dowling nominated Niagara Falls, N. Y., and by vote Niagara Falls was selected. The time of meeting was referred to the executive committee.

Drs. Vilas and Dowling were appointed tellers. Dr. J. P. Dake nominated for president, Dr. Bushrod W. James, of Philadelphia. The nomination was seconded by Drs. Dudley, of Philadelphia, and Dowling, of New York, and on motion, it was ordered that the secretary cast the unanimous ballot of the Institute for Dr. James, and his election was duly announced.

Dr. James made a brief but felicitous speech, thanking the Institute for the honor conferred, and indicating some of the lines of work yet to be accomplished by the organization.

Dr. George A. Hall nominated for vice-president, Dr. O. S. Runnels, of Indianapolis, and the secretary cast the unanimous ballot.

Dr. Runnels also thanked the Institute for the honor conferred.

The remaining officers of the Institute were elected as follows, the election in each case being unanimous:

Treasurer, E. M. Kellogg, M.D., of New York.

General Secretary, J. C. Burgher, M.D., of Pittsburgh, Pa.

Provisional Secretary, T. M. Strong, M.D., of Pittsburgh, Pa.

Chairman Board of Censors, F. R. McManus, M.D., of Baltimore, Md., with Drs. R. B. Rush, D. S. Smith, F. H. Orme, and Millie J. Chapman. Adjourned till 3 P.M.

Afternoon Session.—The Bureau of Ophthalmology and Otology was reopened, and Dr. Vilas's paper on "Glioma,"

and Dr. Mitchell's paper on "The Brain and the Eye," were read, and were discussed by Drs. H. W. Taylor, C. H. Vilas, and G. H. Brigham.

A motion was made to change the by-laws, so as to abolish the Bureau of Ophthalmology, Otology and Laryngology; but after some discussion, the motion was laid on the table.

The Report of the Bureau of Surgery was presented by Professor J. E. James, in the absence of Professor A. R. Thomas, of Philadelphia, chairman of the Bureau. The Report embraces the following papers:

"An Emergency in Surgery," by C. L. Green, M.D., of Providence, R. I.

"Relations between Waste Cells and Pathological New Formations, with special reference to Neoplasms of the Breast," by H. J. Ostrom, M.D., of N. Y.

"Osteotomy," by J. E. James, M.D., of Philadelphia, Pa.

"Chloroform," by L. H. Willard, M.D., of Allegheny City, Pa.

"Antisepsis," by J. H. McClelland, M.D., of Pittsburgh, Pa.

"Antiseptic Surgery," I. T. Talbot, M.D., of Boston, Mass.

"Carcinoma of the Rectum," by George A. Hall, M.D., of Chicago, Ill.

The Board of Censors reported five more candidates for membership, who were duly elected.

The papers of the Bureau were discussed by Drs. Willard of Allegheny, Hall of Chicago, Gilman of Chicago, and others, the question being as to the safety of Chloroform as an anæsthetic, the prominent opinion being that under proper methods, but little danger is to be apprehended, though some preferred Ether as being more safe, and in many instances, equally effective.

A communication was received from the Women's Temperance Union of Indiana, urging educational influences on the part of the Institute against the use of alcoholic beverages. Referred to the Committee on Medical Education. Adjourned till 8 o'clock.

Evening Session.—The evening session was very delightfully spent in discussing the good things of a banquet given at the New Denison Hotel by the Indiana Institute of Homœopathy. About three hundred persons sat down at the well-spread board, and when the inner man had been satisfied,

the assemblage was called to order and Dr. F. H. Orme, of Atlanta, Ga., was introduced as toast-master. The following toasts were offered and responded to :

1. "Samuel Hahnemann," in silence and standing.
2. "The American Institute of Homœopathy," President Breyfogle and President-elect James.
3. "Our Senior Members," E. D. Jones, M.D.
4. "Our Literature," R. Ludlam, M.D.
5. "The Western Academy of Homœopathy," Henry W. Roby, M.D.
6. "The Indiana Institute of Homœopathy," C. S. Fahnestock, M.D.
7. "The State of Indiana," Ex-Governor Hendricks.
8. "The Brazen Serpent," Rev. Myron W. Reed.
9. "The Public Press," Mr. G. H. Cochran, of the Louisville *Courier-Journal.*
10. "Poetry—The Tree Toad," Mr. James Whitcomb Riley.
11. "Our Friends in Old England," J. P. Dake, M.D.
12. "The Ladies," Mrs. C. T. Canfield, M.D.
13. "Our Host," O. S. Runnels, M.D.

The banquet, including the toasts, was calculated to reflect the highest credit upon the taste as well as the generosity of the Indiana Institute of Homœopathy and the local committee of arrangements.

Fourth Day—*Morning Session.*—The Report of the Bureau of Psychological Medicine was presented, including the following papers, through P. G. Valentine, M.D., of St. Louis, Mo.:

"Tapeworm, Its Relations to Insanity," by P. G. Valentine, M.D.

In the discussion on Tapeworm, President Breyfogle stated that a very intelligent physician makes a specialty of the treatment of tapeworm, and is able to diagnose his cases accurately by an examination of the mucous membrane of the mouth, but he has not divulged this symptom to the profession.

Dr. L. P. Wilson suggested that perhaps we might succeed in dislodging the tapeworm by prolonging the fast to several days or a week, instead of twenty-four hours as usual.

The Bureau of Medical Education reported a resolution to the effect that the Institute, as always heretofore, favors the education of the public, and especially of the young, in re-

lation to the dire effects of alcohol and its preparations upon the human system. Adopted.

The Bureau of Anatomy, Physiology, and Pathology, reported as follows:

"On the Origin of the Vaso-motor Nerves," by William Owens, M.D., of Cincinnati.

"Icterus, Its Relations Anatomically, Physiologically, and Pathologically Considered," by C. Vanartsdale, M.D., of Ashburne, Pa., John Malin, M.D., of Germantown, Pa., and H. Homer, M.D., of Germantown, Pa.

The papers were received and referred as usual.

The Board of Censors reported two more candidates, who were duly elected.

The final report of the Intercollegiate Committee recommended a resolution that the Colleges be requested to file with the Bureau of Medical Education, a copy of the charters, constitutions, by-laws, etc., under which they are working, and a copy of their various diplomas. Adopted.

A Memorial Service in honor of deceased members was then held.

Dr. J. P. Dake spoke in reference to Dr. John F. Gray, of New York. He was the first American physician to adopt the teaching of Hahnemann, more than half a century ago. When such a man is taken from us, it well becomes us to note the event. His early course exhibited independence of thought and of action worthy of our imitation.

Dr. T. P. Wilson spoke in reference to Dr. Gray, and also to Drs. Moore and Youlin.

Dr. Valentine spoke of the quite recent death of Dr. Woodward, of Manchester, Md.

Dr. Talbot gave a brief sketch of Dr. Gray's life.

Dr. J. C. Guernsey gave a similar sketch, relating to Dr. Thomas Moore, of Germantown.

Dr. E. M. Kellogg also spoke feelingly of the decease of his old colleague, Dr. Gray.

Others followed in remarks upon the remaining persons who had died during the year.

The proposed amendment to the constitution of the Institute, providing for four vice-presidents instead of one, was taken up, and after discussion, was rejected.

Dr. J. F. Cooper reported on the subject of homœopathy in the *Encyclopædia Britannica*, that the publishers said they had endeavored to secure an article on the subject by a well-known homœopathist in England, and one in America, and

failing, were compelled to obtain some one else to prepare the article.

Dr. J. C. Guernsey reported regarding the American *Reprint*, that the publishers agree to publish an article in their supplementary volume, which will appear in 1883. Committee continued, with the addition of Dr. Pemberton Dudley, of Philadelphia.

Dr. J. P. Dake offered a standing resolution, authorizing applications for membership by proxy. Adopted.

Dr. Pemberton Dudley moved to amend the title of the Bureau of General Sanitary Science, Climatology, and Hygiene, so as to read "The Bureau of Sanitary Science." Adopted.

Dr. Dudley also offered the following:

"*Resolved*, That it is the sense of the American Institute of Homœopathy, that no physician can properly sustain the responsibilities, or fulfil all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of professional action, as provided for in the Code of Ethics of this Institute."

Adopted, with one dissenting vote.

Resolutions were adopted thanking the local Committee of Arrangements, the newspaper press of Indianapolis, and the President of the Institute.

The ladies attending the Institute also expressed their hearty thanks for the courtesies extended to them by the ladies of Indianapolis.

Adjourned.

THE IMPENDING CRISIS.

BY W. H. WINSLOW, M.D., PITTSBURGH, PA.

The allopaths are nearly as ignorant of homœopathy to-day as they were twenty years ago. Those conversant with the old-school literature and teachings know that the majority have gone on studying pathology and administering medicines in large doses and complex prescriptions, antipathically and allopathically, just as usual, and the few cases of application of the law of similars by a few learned individuals are of the coarsest kind, and made with no proper understanding of the homœopathic principle of selection.

A man does not understand the science of homœopathy because he recognizes the facts that Pulsatilla acts upon the uterus, Aloes upon the rectum, and Ipecac upon the stomach. To the allopathic mind all cases of dysmenorrhœa would awaken a desire to give Pulsatilla; all cases of piles, to give

Aloes; all cases of nausea or vomiting, to give Ipecac. How widely astray such therapeutic grossness would be, only those of the homœopathic faith know; and we know, furthermore, what a labor it is, and what a long time it requires to make a man a scientific homœopathic prescriber.

Every well-educated homœopath, owing to his excessive training in Materia Medica and his larger knowledge of symptomatology, can apply a medicine to a morbid state according to the principle of similars or of contraries with more precision than the allopath.

The homœopath is familiar with the powers of several hundred medicines, while the allopath has a knowledge of twenty-five or fifty, which he employs experimentally, and, in many cases, against a supposititious pathological change in a single organ or tissue. Most old-school physicians limit their practice to two or three dozen medicines, and it is notorious that the number in which they have confidence diminishes with their years of service, until old doctors get down to less than a dozen, and preach hygiene and preventive medicine in place of pills and potions. This is the logical sequence of devotion to ever-varying, ever-deceiving pathological mutations, which are hidden by the veil of life. The study of the kaleidoscopic variations of disease has consumed time that should have been spent in therapeutic research. Man cannot be an abstract scientist if he would be a curer of human ailments..

This exposition of old-school deficiency ought to convince us that the modern allopath in comparison with the homœopath is an ignorant man in therapeutics, and it ought to convince every homœopathic physician that he can gain nothing for the good of the patient by consulting with him upon the subject of treatment.

There was a time, when our schools were few and poor, when the homœopath was deficient in knowledge of diagnosis and the elements of pathology, but, though our standard is not so high as in the old school, the excellent acquirements of our better men in these branches of education make it unnecessary for any one to seek an allopathic consultant.

A great deal of discussion has occurred in England about consultation between the two rival schools in surgical cases. It should be known that a sharp line is drawn there between practitioners of surgery and practitioners of medicine. Men graduate and practice there exclusively as surgeons, or exclusively as physicians, though exceptionally as both. The prominent members of our school there are physicians, and I know

the name of but one prominent homœopathic surgeon in Great Britain. Consultations there are very frequent, and often very necessary. The licentiate must call a physician in grave cases; the licentiate and physician must both call a surgeon for surgical operations; the surgeon must in turn call upon the physician in non-surgical cases. Such is the law, and in that country laws are generally enforced.

In many cases it becomes an absolute necessity for homœopathic physicians to call in allopathic surgeons, or else abandon patients, who rest their hopes of life upon the homœopathic treatment. This necessity has awakened both sides to a realizing sense of the situation, caused much discussion in British journals, and started a breeze that is sweeping over our own medical literature. The crisis has been reached there, and the barriers between the two schools have been in a measure removed. It is well. Necessity dictated the policy.

The allopathic profession of this country, stinging under the mortification of defeat in family and hospital practice, and in social and political position by despised homœopathy, have seized upon the British situation and made it a pretext for an offer of fellowship and consultation with their opponents, *here*, where no such conditions exist as abroad, and where the officious offers of assistance, tinged with contempt and unaccompanied by expressions of regret for past offences, should be considered the grossest of insults. This may flatter a few men, weak in homœopathic faith and the elements which constitute true manhood, but strong men, those who believe firmly in homœopathy and its right to be considered the law of cure, will not surrender their rights for honeyed words, nor admit the enemy to their counsels.

In this country every homœopathic physician can do his own surgery, if he is capable. If he feels timid at the sight of blood, or is deficient in surgical anatomy and practice, he does not need to go outside his own school for help. Thanks to improved college and hospital teaching we have a large number of excellent homœopathic surgeons. Our general practitioners cannot safely ignore these men, and allopaths may rely upon it that *they will not;* our own surgeons will be employed, and the honors kept at home. An opinion of an eminent allopath may be desired by a patient, and may be had for the usual fee by either the patient or his attendant, but this does not imply consultation.

I have suffered, in common with other converts from the old school, for having followed the dictates of my conscience

and the logical consequences of a somewhat extensive investigation of medical science and art, and it makes me indignant when I see homœopathic journals offering forgiveness and brotherly love to old-school men, who, profoundly ignorant of homœopathy and with a desire only to crush it, tender their aid at the eleventh hour, when we don't wish it, because the logic of facts proves to them that we are the favorites of the people and successful revolutionists in medicine.

It is not a conviction of the truth of homœopathy nor a desire for light that has wrung this concession from old-school men. It is a belief that unless they affiliate with us, corrupt our fighting men, and stop the triumphant march of homœopathy, they will lose *all* the good families and the control of *all* the public institutions in the land. The members of the homœopathic school have endured meekly and patiently more odium and abuse than any revolutionists in thought or system have done for centuries, and, now that they are triumphant, it is no time for them to indulge in maudlin sentiment and open the gates to the enemy that seeks their destruction.

I have watched with much concern the new policy of the old-school forces and its effect upon homœopaths. The policy of exclusion from journals, societies, and hospitals could not prevail against freemen, aided by public opinion. The new policy was and is to corrupt our practice and silence our opposition by holding out great inducements to use old-school medicines, to take its medical journals, and to purchase cheap paper and cheap allopathic ideas in Wood's libraries and Lea's serials. The policy has been so far successful that the opinions of some of our journals have been bought and our practitioners have poured their money into the coffers of the enemy for things which have done harm to their homœopathy. The old-school forces have redoubled their exertions this year and absolutely annoy by their importunities.

Some may doubt that homœopathy has been injured by these means. One can only judge by the desire expressed in certain quarters for affiliation with the old school; by the cry to drop the distinctive title, homœopath; by the careless administration of internal medicines experimentally, instead of homœopathically, by avowed homœopaths; by the weak support accorded to our literature, and by the joy with which every concession from our opponents is received.

We must not be bought with presents; we must not permit our forces to be corrupted by flattery; we must not allow this insidious sapping of our principles and diversion of our

resources. Homœopathy is passing through a dangerous crisis, and it behooves every one belonging to the school to repeat the creed, to regulate his conduct strictly according to law, and to exert all his powers to preserve the principles of his beloved system of medicine.

The attitude that we should assume in this crisis in my opinion should be one of uncompromising adherence to the law of similars, and haughty indifference to the overtures of old-school individuals and societies.

We should demand of these ignorant therapeutists some respectable amount of knowledge of homœopathy, and some certain public evidence of their conversion, before we open our arms to them. We should be the judges now, meet their arrogance and ignorance with stern justice, and scrutinize their pretensions by the light of experience.

They do not repent, they make no reparation for their half century of persecution, they are not convinced of the truth of our law; they merely throw down the barriers to destroy our prestige and our school, and to prevent further injury to their own. We can now fling back in their faces the charges of skepticism, policy, and mercenary motives, which they have used so freely in reference to us, and consider it a "social felony" to consult with a man who does not believe in the system practiced, and who holds the consultation simply for the pecuniary reward and the professional advantage he may gain. I hope this seeming removal of barriers between the two schools will lead to a firmer union of homœopaths; for, look at it how we will, we have everything to lose and nothing to gain by uniting with the hereditary enemy of homœopathy.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

An adjourned meeting of the Society was held at the Hahnemann Medical College, on Thursday evening, May 25th, 1882, Dr. W. B. Trites presiding.

The Bureau of Sanitary Science, Climatology, and Hygiene, Dr. B. W. James, chairman, concluded its report, which consisted of a series of papers on the "Sewage Question." The chairman discussed the question in general, giving a short account of the various systems. Dr. J. Sperry Thomas dis-

cussed the composition of sewer gases, and how they might be rendered innoxious. Dr. A. C. Rembaugh had a short paper on the "Effects of Sewer Gas on the Health," and Dr. M. S. Williamson suggested some remedies to be employed in cases of illness produced by ordinary sewer gas.

The papers were accepted and referred for publication.

The question was further discussed by Mr. Brock, a practical plumber, and Drs. Martin, McClatchey, and Mohr.

At 10.30 P.M. the Society adjourned, after the President had appointed Dr. Pemberton Dudley, chairman of the Bureau of Sanitary Science for the ensuing year.

The stated meeting of the Society was held at the Hahnemann Medical College, on Thursday evening, June 8th, 1882, the President, Dr. W. B. Trites, in the chair.

The reading of the minutes was dispensed with.

The standing Committee on Organization, Medical Education, Statistics, and Legislation, Dr. C. Mohr, chairman, made the following report:

"Your committee, to whom the recommendations, made in the President's Annual Address, were referred, are unanimously in favor of making an effort of obtaining control of one of the asylums for the insane in this State, and, therefore, suggest that our delegate to the State Society be directed to lay before that body a proposition for a united effort to obtain control of one of these institutions.

"We also recommend that a committee be appointed to inquire into the rights accorded to patients, desiring allopathic treatment in the Municipal Hospital, and to seek to obtain the same rights for patients desiring homœopathic treatment, when compelled to seek shelter in our city hospital.

"We suggest, further, that a committee be appointed to carry out the third recommendation of the President, in regard to the examining into the working of the Night Medical Service in Paris and New York, and to secure the representation of homœopathy on the Night Medical staff, should the service be introduced into Philadelphia by our city authorities."

The report was accepted, and the recommendations adopted.

Drs. H. Noah Martin, J. J. Griffith, and Clarence Bartlett were appointed to inquire into the Municipal Hospital question.

Drs. E. M. Gramm, W. K. Ingersoll, and Isaac G. Smedley were appointed a committee on the Night Medical Service question.

The Committee on the Introduction of Homœopathy into Blockley Almshouse, through Dr. W. B. Trites, reported progress.

The Committee on Subscription, to aid in liquidating the debt of the State Society, had no report, as both the chair-

man, Dr. J. K. Lee, and Dr. J. C. Morgan found it impossible to serve on such committee. The remaining committeeman, Dr. M. S. Williamson, expressed a willingness to serve, and he was made chairman, Drs. J. E. James and J. C. Guernsey, being added to the committee. It was hoped they would do effective work.

Dr. P. Dudley, chairman of the Bureau of Sanitary Science, reported that he had selected for his associates, Drs. B. W. James, J. Sperry Thomas, William W. Van Baun, and Theodore J. Gramm.

Dr. J. K. Lee, chairman of the Bureau of Pædology, stated that the subject for discussion at the September meeting would be "Gastro-enteritis."

Dr. Charles Mohr was appointed delegate to the State Society, to convene in September next at Altoona.

On motion of Dr. P. Dudley, the Society voted unanimously in favor of asking the executive committee of the State Society to appoint the *first* week in September as the time for the annual meeting.

A communication was presented by Dr. W. B. Trites, from Mr. Dallas Sanders, of the Survey Committee of City Councils, transmitting a copy of an ordinance, to be presented to Councils, requesting the Society's indorsement of said ordinance, which recommends the construction of egg-shaped sewers, and that Colonel George E. Waring, Jr., be summoned by the city to examine her system of sewerage, etc. Considerable discussion ensued, engaged in by Drs. P. Dudley, B. W. James, J. K. Lee, W. H. Bigler, J. J. Griffith, J. E. James, and others, it being conceded on all sides that the egg-shaped sewer was preferable, and that in the construction of any sewer of whatever form, the bricks should be laid in a bed of mortar, and the interior of the sewer lined with cement, so as to give a smooth surface, facilitating the onward flow of sewage and preventing soil pollution. On the question of summoning Colonel Waring, the members could not agree, many believing that we had capable sanitary engineers in our own city, among others, Mr. RudolphHering, son of our late colleague, Dr. C. Hering, being mentioned. The discussion culminated in the passage of the following resolution, offered by Dr. P. Dudley:

"*Resolved*, That, in the opinion of this Society the defects of the sewerage system of Philadelphia are so glaring and so pernicious, as to demand a complete remodelling, under the supervision of the best sanitary engineers that can be secured."

The secretary was instructed to communicate the action of the Society to the Survey Committee of City Councils.

Dr. C. Mohr gave a synopsis of the system of medical inspection of the schools of Brussels, Belgium, successfully employed there since 1874, and introduced, with some modifications, into the States of New York and Ohio during the past year, and read a short article from the *Ledger*, on the desirability of introducing a similar method of inspection of the public schools of Philadelphia. He offered the following resolution:

"*Resolved*, That the standing Committee on Organization, Medical Education, Statistics, and Legislation, be authorized to express the Society's approval of the efforts being made to induce the Board of Public Education to introduce a system of inspection of the public schools of Philadelphia, not only to prevent the spread of contagious or infectious diseases among school children, but to preserve and improve the health of the growing generation; and that the committee be authorized to obtain proper recognition of the homœopathic profession in the constitution of the school inspection commission, if such shall be appointed."

Drs. H. N. Martin and B. W. James spoke in favor of the resolution, and it received the unanimous vote of the Society when the question was called for.

Drs. J. B. S. Egee and Charles L. Seip made application for membership. Referred to the Censors, under the rules.

The Bureau of Anatomy, Physiology, and Pathology, Dr. A. R. Thomas, chairman, then presented a paper on "Fatty Degeneration." A short discussion of the subject by Drs. Martin, Thomas, McClatchey, James, Dudley, and Mohr, ensued, at the conclusion of which Dr. W. C. Goodno was appointed chairman of the Bureau for the ensuing year, and then the Society was declared adjourned by limitation.

The Epithelia of the Kidney.—In the June number of the *New York Medical Journal and Obstetrical Review*, Dr. Henry B. Millard gives an account of his researches in the anatomy of the renal epithelia, and thus sums up the results: 1. The rods discovered by Heidenhain in some varieties of the tubuli uriniferi, are part and parcel of a reticulum present within every epithelium. 2. The reticulum, including its elongated rod-like or sheath-like formations, is the living matter proper. 3. The relation of the rods to the rest of the reticulum of an epithelial body varies greatly, the variation probably being due to different stages or degrees of secretion. 4. The reticulum, including the rod-like formations, in the inflammatory process, both in catarrhal and in croupous nephritis, gives rise to a new formation of living matter, which results in the new formation of medullary corpuscles, or pus corpuscles. 5. The structureless membrane is lined by flat endothelia lying between it and the basis of the epithelia of the urinary tubules. 6. In nephritis the endothelia become considerably enlarged, and, in catarrhal as well as in croupous nephritis, they line the urinary tubules after the epithelia have been shed or lost; they surround the cast in croupous nephritis after the epithelia have perished in the formation of the cast.

THE
HAHNEMANNIAN
MONTHLY.
A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,
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Vol. IV. Philadelphia, Pa., July, 1882. No. 7.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE SURGEON-GENERAL'S ATTITUDE TOWARD THE MEDICAL PROFESSION.—At the recent meeting of the American Institute of Homœopathy, one of the most important matters presented was contained in the report of the Committee on Legislation. Dr. John C. Morgan, the indefatigable chairman of the committee, had endeavored, in the discharge of his duties, to learn exactly and beyond doubt just what attitude is maintained by the army and navy medical authorities towards the different schools of medical practice, and on what ground or reason such attitude is based. He addressed inquiries, therefore, to the Secretary of War and the Secretary of the Navy through Hon. Charles O'Neill, M. C., from his (Dr. Morgan's) district. His letter in reference to the admissions to the medical service of the navy is as follows:

"PHILADELPHIA, April 29th, 1882.

"HON. CHARLES O'NEILL, M. C.

"DEAR SIR: Will you kindly inform me, *first*, if the Honorable Secretary of the Navy authorizes a discrimination between the diplomas of homœopathic medical colleges, in good legal standing, and those of the allopathic, or so-called 'regular' school, in the admission of candidates to examina-

tion for the medical corps of the Navy. *Second*, if a graduate of a 'regular' medical college, who shall avow himself an adherent of homœopathy, will be admitted to examination and appointment, on proving himself to be possessed of the requisite amount of knowledge?

"I am, sir, yours, very respectfully,
"JOHN C. MORGAN, M.D."

To the above the following reply was received:

"NAVY DEPARTMENT, WASHINGTON, May 4th, 1882.

"SIR: I have the honor to acknowledge the receipt of Dr. John C. Morgan's letter of the 29th ultimo, dated at Philadelphia, forwarded by you to this department, asking to be informed if any discrimination is made between the diplomas of homœopathic and allopathic colleges, etc. I beg leave to say that the matter was referred to the Chief of the Bureau of Medicine and Surgery, who reports that no discrimination is made in favor of or against any school. The only requirements of the department are that a candidate, in addition to his moral and physical qualifications, shall possess the necessary professional and literary knowledge to enable him to pass the established examination.

"Very respectfully,
"W. E. CHANDLER,
"Secretary of the Navy.

"HON. CHARLES O'NEILL, House of Representatives,
Washington, D. C."

Dr. Morgan's letter of inquiry in reference to the medical appointments of the army was of the same tenor as the one having reference to the navy as above. It elicited the following double-barrelled reply:

"SURGEON-GENERAL'S OFFICE, April 24th, 1882.

(*Respectfully returned to the Honorable Secretary of War.*)

"The term 'regular,' as applied to a medical school, has no relation to its legal standing, but indicates that its teachings are not confined to the particular doctrines of any sect. It does not, for instance, apply to a school which professes to teach Homœopathy or Botanic Medicine only.

"The knowledge which a medical officer of the Army should possess to enable him to properly discharge the important and responsible duties which devolve upon him, and to make use of the means of treatment which are provided by the department, can only be obtained at a regular medical school, and it is not considered worth while to waste the time of the Army Medical Examining Boards or to induce young men to incur useless expense by extending invitations to appear before such boards to those who cannot furnish evidence that they have at least had an opportunity to obtain the knowledge required. (Signed) "J. K. BARNES,
"Surgeon-General, U. S. Army.

"WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., May 10th, 1882.

"TO THE HONORABLE THE SECRETARY OF WAR.

"SIR: I have the honor to return herewith the letter of Dr. John C. Morgan, of Philadelphia, referred by the Hon. Charles O'Neill, M.C., requesting information as to whether a graduate of a regular medical college, who admits his adhesion to Homœopathy, will be admitted for examination for appointment in the Medical Corps of the United States Army; and to state that it is not considered desirable to introduce in the Army the practice of

Homœopathy, Hydropathy, Botanicism, Physico-Medicalism, or any other sectarian and exclusive system of medicine.

"The fact that a candidate has a knowledge of the dogmas of any or all of these systems would be no bar to his admission to the Medical Corps of the Army, but the fact that he *avowed* his adhesion to some one of these would indicate that he is not suited to the position of a medical officer, nor in my opinion would he be acceptable to a large majority of those for whom medical attendance is provided by the government.

"Very respectfully, your obedient servant,

(Signed) "J. K Barnes,
"Surgeon-General.

The issue thus joined between the medical profession on the one hand and the allopathic sect of that profession on the other is sufficiently definite and emphatic. The Surgeon-General, as the representative of allopathic exclusivism, undertakes to decide a question that all other allopaths have been afraid to grapple with, viz., the definition of the term "regular," as applied to a medical school. He boldly repudiates the professional rights and privileges and immunities conferred by authority of the different States, even of the State in which he himself graduated, and claims that his own personal dictum is superior to the authority of any State. Of course the right to debar from the privilege of examination and appointment the graduates of one college implies his right to exclude those of any other college, as may please his fancy. Indeed, he can, with equal right and justice, shut out from the medical service of the army all physicians except those who have graduated from Jefferson, or Harvard, or Bellevue. If his personal will is to be the medical law of the Army, his present limited monarchy may become an absolute despotism at any time.

The first question then which presents itself is whether the Surgeon-General shall be allowed to discriminate between the legislative acts of a State, and to say that he will obey this and disobey that. He may ask the question whether, being an officer of the National Government, he is not superior to the authority of the individual State. This question the people will answer for him, and unless we are much mistaken, their answer will come speedily. It is exceedingly doubtful if public sentiment will indorse his claim to a prerogative not enjoyed even by the Chief Justice of the Supreme Court or the President of the United States himself. If, however, any citizen entertains doubts on the question he will be able to solve them all by simply imagining the next incumbent of the Surgeon-General's office to be a homœopathist, interpreting the regulations like his predecessor, viz., in the interests of his own school and his own colleges.

We need not attempt a reply to the Surgeon-General's insinuation that the course of study in homœopathic schools is less comprehensive than that of allopathic schools. He knows full well that the curriculum of homœopathic colleges is as thorough and comprehensive as that of the best allopathic institutions, and with the Institutes of Homœopathy superadded; besides which, all homœopathic students attend allopathic hospital clinics, and thus acquire still further knowledge of allopathic principles and practice, while he also knows that the grossest ignorance of homœopathic principles and practice prevails among not only allopathic students but allopathic practitioners as well.

But the Surgeon-General goes much farther than to the mere exclusion from the privileges of examination and appointment of the graduates of certain legally chartered colleges. He also declares that the graduates of *all* colleges will be debarred from examination, if they avow a belief in homœopathy. It is not necessary for them to assert a disbelief in any particular mode of treatment; they may believe in anything and everything under the sun, but if with these they include also a belief in homœopathy, and their belief is so strong as to compel them to *prefer* it to other modes in practice—in other words, if their eclecticism shall lead them to make choice of homœopathic, more frequently than of allopathic measures, they cannot enter the medical service of the Army. This decision rests, not on a Congressional enactment, not on the expressed desire of the people, not on the unanimous voice of expert testimony, but on the private opinion of J. K. Barnes. The practical tendency of such a decision is to make J. K. Barnes the sole prescriber of the U. S. Army; the remaining members of the Medical Corps, being allowed to have no professional opinion of their own, are simply degraded to the positions of dispensers and nurses.

The Surgeon-General in his letters gives evidence of a full knowledge of the pregnable character of his position, for he begins at once to raise side issues to divert public attention from the real question, and immediately puts himself upon the defensive. He will probably learn that the American people, disregarding all his diversions, will go straight to the central point of his position and quickly level it to its rotten foundation.

Precisely what action the profession will take in the matter we do not yet know. The whole subject is in the hands of a judicious and influential committee of determined men, and

we shall not be greatly surprised, ere long, to "hear it thunder all around the sky."

The Dose.—In the *British Journal of Homœopathy* for April, 1882, appears an interesting article, contributed by Dr. J. W. Hayward, on "The Dose of Crotalus." Through the kindness of the author we are in receipt of a reprint of the same, in the form of a neat pamphlet of sixteen pages.

The dose of Crotalus venom is studied with reference to toxicology, pathogenesy, and therapeutics. The author adopts Dr. Drysdale's division of drug-effects into absolute and contingent. Old-school physicians admit a similar classification, but regard the contingent effects as of little or no account. (See Lewin on *Incidental Effects of Drugs.*) On the contrary, Dr. Drysdale declares that "it is from this class that the greater part of the indications for homœopathic use are drawn."

After enumerating and characterizing such effects of Crotalus venom as are toxic, Dr. Hayward proceeds to consider the dose necessary to produce the characteristic pathological lesions, an amount just within the limit of the fatal dose, then the dose causative of less severe structural changes, probably from $\frac{1}{16}$th to $\frac{1}{3}$ of a drop, according to age, and finally the dose needed to elicit and to cure the contingent effects.

Concerning the latter, it is patent to all, as Dr. Hayward happily observes, that the contingent symptoms bear no relation to the quantity of drug introduced. They depend on a special susceptibility. They may, however, be developed by doses of all grades, even toxic. And this, by the way, is forcibly illustrated in Dr. Lewin's collection, referred to above.

But Dr. Hayward, it seems to us, now begins to wander from the clear line of thought hitherto preserved. He says: "All scientists admit a limit to the divisibility of matter, and maintain that all matter consists of atoms which are no further divisible, and all scientific investigation appears to limit the divisibility of *simple* matter at from about the 12th to the 18th centesimal of the Hahnemannian scale, and of all *organic* matter at from about the 9th to the 12th. It would, therefore, be unsafe, to say the least, to carry the attenuation of Crotalus venom beyond the 12th centesimal. Any further dilution, if it does not break up the particles, only separates them further and further from each other in the menstruum, thus making it a thousand or a million chances to one against any particular dose containing any medicine at all."

In another place he writes: "In the region of therapeutics, it is the disease that induces the special susceptibility, some-

times even to the extent of being influenced by the 30th and perhaps even the 200th dilution."

If the chances that a high potency contains any of the drug are only as a million to one, then the same ratio must apply to the chances of cure with such a preparation. But the clinical experience of many men of learning, and of irreproachable character, flatly contradicts such a ratio. Hence we are justified in concluding that the doctor's statements are extravagant.

In the present state of affairs, it is unwise to attempt to define the limit of the divisibility of matter. Scientific investigations of one sort fix this limit at the 12th or 18th centesimal; scientific investigations of another sort indicate that this limitation is far from correct.

To our mind, the balance of probability leans weightily towards the latter, for clinical facts are such stubborn things they will not be put aside; while several questions arise which throw doubts upon the conclusiveness of the former. Two of these queries are as follows: does it follow, because particles do not grow visibly smaller in dilutions above the 12th centesimal, but instead, become numerically less as we continue the subdivision, that therefore the drug loses its individuality? May it not possess particles of matter active and characteristic, but indiscernible by such means as we have yet employed? (See Wilford Hall's *Problem of Life*.)

True, this latter question has not been answered in the affirmative, but neither has it in the negative. And meanwhile it stands as a perfectly legitimate subject of inquiry, supported by the common-sense notion of the universality of matter, and, still more, by facts which its negation would refute and its affirmation confirm.

The Indianapolis Meeting of the American Institute of Homœopathy has made its record and passed into history. It was reasonably well attended, and was, in most respects, a profitable, as it certainly was an exceedingly pleasant session. If any physician, or physician's wife, daughter, sister, or friend, failed to enjoy himself or herself, it was not the fault of the physicians nor of the ladies of the city and State in which the assemblage occurred, for more courteous, genial, or generous hosts could not be found anywhere, and the kindness and hospitality shown the delegates and their friends called forth the warmest expressions of appreciation from all present.

There is but little to be said in the way of comment upon the business of the meeting, which will not suggest itself upon a perusal of our brief report published in this number. But

the one thing which provoked quite serious dissatisfaction was, as we predicted a year ago, the appropriation of an undue share of time to certain bureaus earliest on the list, and the cutting-off of others whose reports came in later. This unfortunate state of affairs was needlessly aggravated by the readiness with which the rules were suspended, and general business introduced during the time set apart for bureau work. There was also a decided expression by many members, that the presentation of papers by synopsis was likely to prove less expedient than had been hoped for, and we heard more than one experienced member declare that the Institute had better return to the old method of reading one or two papers for discussion, and referring the remaining essays of each report by title only. Whoever will solve the problem, which thus confronts the Institute every year, will add greatly both to the pleasure and the profit of its annual sessions. We cannot but think that the plan, suggested in our editorial of July, 1881, could be made to work some decided improvement in this direction, and we take the liberty of suggesting a reference to it.

NOTE.—The paper entitled "Clinical Cases—Headache," in the June number, was by F. F. Laird, M.D., of Augusta, Me. Next month another valuable paper from the same pen will appear; subject, "Remedies for Dorsal Region."

Notes and Comments.

THE AMERICAN SURGICAL ASSOCIATION held its third annual session recently in Philadelphia. Professor Gross presided, and some very interesting papers on surgical topics were read and discussed.

HOW HAPPENS IT that the letter of the Constitution and By-Laws of the American Institute of Homœopathy does not require a knowledge of, or the expression of a belief in homœopathy, as a necessary qualification for membership? A defect of such a nature ought to be corrected at the earliest possible moment.

THE SEWERAGE SYSTEM OF PHILADELPHIA, so long neglected while public moneys were being wasted and public health imperilled, has now become the subject of earnest consideration by the members of the city councils. It will take a vast amount of money to put our sewers in proper condition, but the sooner it is begun the better.

PARASITES.—Some scientist now observes that even the clam has parasites. He would have observed as much before if he had ever noticed the crowd around a free chowder.—*Philadelphia Evening Telegraph.* This seems the converse of the poetical rule, that the "big fleas have little fleas upon their backs to bite 'em; and little fleas have lesser fleas, and so on *ad infinitum.*"

Illiterate Doctors.—*The St. Louis Medical and Surgical Journal* estimates that of the twenty-six thousand physicians practicing in the Western and Southwestern States, scarcely one-half take a medical journal of any kind. We have the very best reasons to know that with the *homœopaths* resident in those sections, the above statement is emphatically opposed to the actual facts. Still, what matters it whether a doctor reads the journals or not? So long as he calls himself an allopath, he'll do to consult with, anyhow. The densest ignorance is no bar to professional amenities among the ortho-docs; else,—but we forbear.

An Effective Prescriber.—Some good stories are told of Dr. John F. Gray, the lately deceased homœopathic veteran of New York, of which this is a specimen: A poor sewing girl who went to him for advice was given a vial of medicine and told to go home and go to bed. "I can't do that, doctor," the girl replied, "for I am dependent on what I earn for my living." "If that is so," said Dr. Gray, "I'll change the medicine a little. Give me back the vial." He then wrapped around it a ten-dollar bill, and returning it to her reiterated his order, "Go home and go to bed," adding, "Take the medicine, cover and all."

Homicide and its Causes.—Within the last ten years, there have been 323 murders committed in this City of Brotherly Love. Of this number, 3 were slain in self-defence, and 3 were fugitives, shot by policemen. The month of the highest number, was July, 40; of the lowest, March, 18. Deaths in the warmer months numbered 95.

Of the perpetrators of these 323 homicides, only five were executed! No wonder the gallows has so little terror; for, excluding the six cases which may be regarded as excusable, we find that only one murderer in 63 paid the penalty of his crime with his life.

"The question is," says the Philadelphia *Inquirer*, "are the impulses which result in homicide, only the physiological manifestations of physical phenomena exerting a disturbing influence over cerebral action? If so, then the most prominent among these physical causes is the cerebral hyperæmia of stimulants. Proper hygienic police regulations act as a check upon vice and crime."

Institute Notes.—One of the Indianapolis papers attributed to Dr. John C. Morgan, of Philadelphia, a paper on "High Line Caste." After long and earnest study it became apparent that the reporter meant "Hyaline Casts."

Another newspaper, with refreshing innocence, informed its readers that the practice of the venerable Chairman of the Board of Censors "antedates that of the distinguished founder of the school."

Dr. E. M. Kellogg, whose intense dislike of puns and punsters is well known, in a little speech following his seventeenth election to the treasurership, said his office had brought him some reflected honor, a member having only that morning alluded to him as the Dun 'em of the Institute.

During a brief discussion of remedies and methods for the discomfiture of tapeworm, Dr. J. H. McClelland became very anxious to know if anybody had tried "the early bird."

Dr. Dowling introduced a resolution of sympathy for the unfortunate excommunicants of the New York Allopathic Society, and opening the doors of the Institute for their shelter. Dr. T. P. Wilson proposed an amendment, requiring them first to "drop their distinctive title" of "regular." After the members had sufficiently amused themselves over it, the subject was laid upon the table.

Gleanings.

Contagious Vaccination.—A nursing mother was vaccinated, and it "took moderately." On the seventeenth day, her child, who had not been vaccinated, because of eczema, became fretful and feverish, and there appeared upon its arms little pimples. These became circular umbilicated vesicles. They numbered 400 on the body. They looked like variola on the fifth or sixth day of its progress. The vesicles were smaller than vaccine vesicles usually are, dessiccated very rapidly, and left no cicatrices. Still, a heifer was successfully inoculated by their lymph, and from the heifer, four persons were successfully vaccinated. The absence of cicatrization is supposed to be due to the fact that the process was distributed among many different points, instead of one or two.—*Medical Record,* April 15th, 1882.

Salicylic Acid, if it really cures rheumatism, should prevent, or greatly modify heart complications. According to Dr. Gilbert Smith, there is no evidence, so far as hospital statistics go, that there is such modification.—*New York Medical Journal,* June, 1882.

Cyclotomy *versus* Iridectomy.—The operation of iridectomy would seem to be unnecessary in glaucoma cases, in view of a new operation by which the ciliary muscle is divided. Dr. Bushrod W. James reported to the American Homœopathic Ophthalmological Society, at its recent meeting at Indianapolis, the results of a modification of Walker's hyposcleral cyclotomy, performed by him on eleven eyes, in all of which the tension was reduced to the normal and the pain and distress relieved. The field and the acuteness of vision were improved somewhat in all the cases except those in which considerable cupping of the optic disk has already resulted.

Substitute for Obstetric Forceps.—Mrs. Dr. J. N. Wilkins, of Chicago, uses a cup connected with the tube of an exhaust pump in the delivery of the fœtus, the head presenting. This *vis a fronte* method, it is claimed, acts well, without injury to the child, and of course, without danger to the mother.—See *The Clinique,* May, 1882.

Experimenting with Anti-Vaccination.—A Chicago paper reports the death by small-pox in that city, of a physician quite prominently known for his anti-vaccination sentiments.—*Medical Record,* May 20th, 1882.

Urinary Sediments.—Dr. James Tyson says that uric acid is readily detected by its rhombic crystals and its yellow color, which latter belongs only in addition to urate of ammonium,—which, however, appears in yellow spheres,—and to sodium urate, which is generally amorphous.—*Medical Times,* May 20th, 1882.

Syringing the Ear, according to Dr. Charles S. Turnbull, is a thing of the past, except for the removal of impacted cerumen, foreign bodies, etc. In treating the membrana tympani, he first cleanses with absorbent cotton, the meatus being *illuminated.* He never wipes through or into a perforation, but while the patient, by Valsalva's method, blows out any intra-tympanal secretion, he wipes it up. Or, he substitutes Politzer's air-douche for Valsalva's method, and so frees the tympanum, by blowing any collection into the external meatus.

Having cleansed the meatus, the speculum is to be removed and thoroughly dried, and with it *in situ* powdered boracic acid is to be poured into the speculum *ad libitum.* Thus is the meatus packed, layer upon layer,

meanwhile gradually withdrawing the speculum. In all chronic cases, he thus packs and repacks the meatus, until all discharge has ceased.—*Philadelphia Medical Times.*

Cuprum Sulphuricum, according to a poisoning case, is capable of producing hæmoglobinuria. This has been noticed as an effect of phosphorus, carbonic acid, hydrocyanic acid, and arseniuretted hydrogen. It occurs in the course of scurvy and purpura hæmorrhagica, after typhus and scarlet fever, after the transfusion of blood, and occasionally in hæmophilia. It has been produced by the injection of glycerin into the blood; and has occurred paroxysmally after exposure to cold or under certain malarial conditions. It has been noticed as an epidemic disease among the newborn. It is a disease of the blood, not of the kidneys. The disease has never before been produced by copper. The presence of this substance in the blood, it is supposed, causes a freeing of the hæmoglobine, either by direct destruction of the corpuscles, or by combination with salts in the plasma, which are necessary to prevent the solution of the globules. The jaundice developed in the same case, is supposed to be dependent upon the dissolution of the red globules, and the setting free of the hæmoglobine. For Dr. Flint says, "under certain conditions a pigment analogous to, if not identical with, that of bilirubin may be a result of the destruction of red corpuscles, irrespective of any action of the liver, giving rise to the same appearances as when bile is reabsorbed."—Dr. M. Allen Starr, *Medical Record*, May 27th, 1882. We think that Moschka's case is similar to Dr. Starr's. The urine contained "blood, albumen, and some bilious pigment," at least so reads the translation. The skin was icteric. Very probably, if the urine had been examined microscopically, and with the care used by Dr. Starr, it would have agreed with his case. Nevertheless, to Dr. Starr belongs the credit of a thorough inquiry into this important effect of copper. Hæmatine itself has been found in the urine after Potass. chlorate, and Sulphuric acid.—Eds.

Periosteal Preservation, in amputations of the leg, forms a subject of discussion of great importance. If the patient is not too old, and the cellular layer, in great part, can be dissected up with the fibro-vascular layer of the periosteum, much may be done with such a flap in protecting the stump. If proper precautions are observed in the selection of cases and manipulation of tissues, new bone will be produced within four or five months. Periosteal flaps are said to prevent necrosis, and atrophy of the end of the divided bone, to prevent the entrance of discharges into the canals, to aid in preventing retraction of the flaps, to prevent cicatricial adhesions to the bone, and to provide a firm, bony growth to protect the stump.

Sometimes, it is claimed, small bony spiculæ form and protrude, greatly annoying the patient. This formation is probably due to the periosteum becoming turned, so that its cellular layer (supposedly, the bone-producing layer) is outwards, instead of remaining apposed to the divided bone surface. By obviating this difficulty, a very neat and serviceable stump may be secured. One patient, operated on, required a second amputation, on account of disease reappearing above the site of the first operation. An opportunity was thus offered for examining into the effects of periosteal flaps. The periosteum was found firmly and evenly attached to the end of the tibia, thoroughly sealing it. There was no tangible evidence of the production of bone, although the attached surface of the membrane to the end of the tibia was rough, and had minute particles of bone connected with it. The end of the tibia was but slightly rounded, due to very limited absorption of its borders. The relations between the bony tissue and the periosteum were intimate, as with the periosteum elsewhere.—Dr. Joseph D. Bryant, *Archives of Medicine*, June, 1882.

News, Etc.

Located.—David A. Strickler, M.D., is about locating at Sterling, Ill.

New York City has two hundred and seventy-three homœopathic physicians.

Yellow Fever is reported as prevalent at Havana, Rio de Janeiro, Vera Cruz, and Cienfuegos. For the month ending May 15th, fifteen deaths had occurred at Havana, and the disease seemed to be spreading.

J. A. Vandenburg, M.D., homœopathist, is county physician, United States pension surgeon, and examining physician to the Board of Commissioners of Insanity of Kearney County, Neb. His post-office address is Mindon.

"Regular" Ignorance.—A few weeks ago a man with a "crack in his skull one-sixteenth of an inch wide" was received into Roosevelt Hospital, New York, and his case was diagnosed as "drunkenness." Suppose the doctors who made the blunder had been homœopaths!

Dr. Charles Karsner has removed from Germantown, Philadelphia, to Ocean Grove, N. J., where he will continue to practice his profession. Homœopathic physicians, having patients at the seashore, will find him a courteous, conscientious physician, of experience and ability.

The Homœopathic Mutual Life Insurance Company sends us a printed list of the homœopathic physicians (with their residences), in the city of New York. The publication also contains information in reference to the different plans and cost of life insurance as adopted by that vigorous organization.

The Oswego County (N. Y.) Homœopathic Medical Society, at its annual meeting, June 13th, discussed the subject of remedies in malaria, and elected for the ensuing year, Dr. C. W. Radway, Mexico, President; Dr. W. H. Dewing, Oswego, Vice-President; and Dr. N. H. Haviland, Fulton, Secretary and Treasurer.

Our College Cities, Boston, New York, Philadelphia, Cincinnati, and Cleveland, furnished each, one new member to the American Institute this year, and St. Louis two; while Chicago made a desperate attempt to save our endangered reputation, and succeeded in contributing six new members. Honor to whom honor is due. Ann Arbor and Iowa City were not heard from.

The Hahnemann Club of Philadelphia held its monthly session on Tuesday evening, June 20th, Dr. B. W. James playing the part of host. The meeting was held at Hotel Bellevue, and besides the club members, there were present, as guests, Drs. O. B. Gause, W. B. Trites, J. C. Guernsey, R. C. Allen, C. Vanartsdale, H. F. Hunt, J. Herbert Reading, and C. R. Morgan. The subject of the attitude of the Surgeon-General towards the medical profession was introduced, a discussion was had upon the subject of "Constipation in Old People," and the paper, by Dr. W. H. Winslow, of Pittsburgh, entitled "The Lycopodium Fallacy" (see this number), was read, and through the kindness of a gentleman who has made the cryptogamia a special study, was illustrated by means of preparations of the first, second, third, sixth, and thirtieth decimal triturations of Lycopodium under the microscope.

The Hering Library.—The committee appointed by the American Institute of Homœopathy on the disposition of the Hering library, reported at the meeting last month the following, which was adopted:

Whereas, It has been officially decided by the report of the special committee duly appointed by the American Institute of Homœopathy at its annual meeting held at Indianapolis, June 13th, 1882, that the library of the late Dr. Hering, of Philadelphia, should be kept intact, first, to serve as a nucleus for a complete *National Homœopathic Library;* and, second, for reference, by the subscribers thereto, by proxy or in person, from all parts of the country; and, third, for the use of the literary executors of said Dr. Hering in the issuance of the volumes yet unpublished of the *Guiding Symptoms;* therefore,

Resolved, That we, the undersigned, hereby agree to pay *upon demand* the sum set opposite our names, for the purpose of purchasing the medical and Paracelsian libraries of the said Dr. Hering, all moneys so raised to be unreservedly paid to Dr. Hering's widow for her personal use, and we appoint as custodians of said libraries the Homœopathic Library and Reading Room Association of Philadelphia.

Homœopathic Medical Society of Pennsylvania.—The eighteenth annual session of this society will convene in Altoona, Pa., on September 5th, 6th, and 7th.

Our society has won an enviable place in the opinions of our colleagues throughout the entire country, and it behooves us to make continued exertion to maintain our position, and not to allow ourselves to be surpassed by any similar organization.

The last two sessions of the society have been marked by an increase in attendance and in the number of valuable contributions presented, and we sincerely hope that the coming session may not fall below these. We are sure it will not if every member does his duty. Let each one come prepared to do better, and more scientific, work than heretofore, and in every possible way advance the interests of our profession. We will publish, in advance, the titles of all papers received previous to the issue of the official circular, and hope the members will come prepared to discuss the subjects presented, for only in this way can the practical points be brought out and made available. Let every member come with his speech prepared, and thus contribute his mite to the general fund. A number of papers have been promised and are in course of preparation.

According to a by-law adopted at the last meeting, all papers should be in the hands of the chairmen of the bureaus to which they belong two months before the meeting. We give the names of the chairmen of the bureaus to whom papers can be sent, or they may be sent to the Corresponding Secretary:

"Sanitary Science," P. Dudley, M.D., Philadelphia; "Surgery," J. J. Detwiller, M.D., Easton; "Materia Medica," H. N. Martin, M.D., Philadelphia; "Ophthalmology and Otology," J. E. Jones, M.D., West Chester; "Gynæcology," B. F. Betts, M.D., Philadelphia. "Obstetrics," M. M. Walker, M.D., Germantown; "Clinical Medicine," C. F. Bingaman, M.D., Pittsburgh; "Pædology," J. K. Lee, M.D., Philadelphia; "Pathology and Pathological Anatomy," W. C. Goodno, M.D., Philadelphia.

We have not as yet learned of the death of any of our number during the last year, but if any of the members know of such they will confer a favor by sending particulars to the necrologist, Dr. W. R. Childs, of Pittsburgh.

We cordially invite all the physicians in the State, whether members of the society or not, to meet with us in Altoona.

Any further information in regard to the meeting will be cheerfully given by

R. E. Caruthers, M.D.,
Corresponding Secretary.

Allegheny City, Pa.

LIBRARY COLLEGE OF PHYSICIANS PHILADELPHIA

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, August, 1882. No. 8.

Original Department.

REMEDIES FOR THE DORSAL REGION OF THE BACK.

BY F. F. LAIRD, M.D., UTICA, N. Y.

(Read before the Homœopathic Medical Society of Oneida County.)

ACONITE.—Stitches and bruised sensation between scapulæ on deep inspiration; drawing in scapulæ on moving neck; drawing tearing pain in scapulæ. *General dry heat; great thirst; intense restlessness; no sediment in urine* (vide Bry.).

ÆSC. HIP.—Aching between the shoulders; pain in right scapula and right chest, worse inhaling. *Hæmorrhoids, with feeling of sticks in the rectum; severe dull aching pains in lumbo-sacral region affecting sacrum and hips, worse stooping forward and when walking; sore and tired in morning on awaking.*

AILANTHUS.—Constant aching between the shoulders; numbness extending in a band from left scapula to left hip; pain under left shoulder-blade, with soreness in glands of neck; pain in right scapula, preventing motion of the arm.

ALOE.—Bruised sensation in and between scapulæ as after long stooping; squeezing between shoulders, worse right side. *Characteristic bowel symptoms.*

ALUMEN.—Stinging between shoulder-blades; stitching pain from upper left chest through to back between scapulæ, worse at night in bed, awakens him, increases when lying on left side, not by taking a long breath.

ALUMINA.—Itching between scapulæ (Arg. met.); painful stiffness between shoulder-blades extending towards ribs and kidneys; cutting, itching, and stitches in scapular region. *Dryness of all the mucous membranes; characteristic constipation; dryness and harshness of the skin, with absence of perspiration.*

AMMON. MUR.—*Bruised and sprained sensation between the scapulæ, with a sensation as though the skin were stretched tight,* also a wrenching sensation; interscapular itching at night; *coldness* (internal) *between the shoulders,* followed by itching; itching and stitches in left scapula. *Itching on various parts of body, generally evenings before going to bed, better afterward.*

ANACARDIUM.—Stiffness between shoulders in morning on awaking; painful tearing between scapulæ; sensation as if asleep in scapula; bruised feeling, also cracking, in left scapula; formication and cramplike pressure in scapular region. *Symptoms disappear during dinner, return again after two hours; dull pressure as from a plug in various localities; characteristic constipation.*

ANGUSTURA.—*Drawing stiff feeling in morning in bed* (and in afternoon) with stitches; stitches extending deep into chest during motion, both interscapular.

ARNICA.—Between scapulæ: Superficial aching and *bruised* sensation, with stitches on motion (Nux, Puls.), sensation of a lump (Mag. s.), *pressive pain which seems to extend from posterior wall of stomach,* and cutting thrusts extending into chest while walking; in scapular region, *bruised* feeling and itching. *Especially indicated after mechanical injuries, with a feeling of general bruised soreness and pains as after a violent fall or blow.*

ARSENICUM.—Bruised sensation between shoulders and in scapula; drawing pains between scapulæ compelling recumbent position. *Burning pains in various localities; great restlessness; thirst, drinking little but often.*

ASAFŒTIDA.—*Fine burning stitches in and behind right scapula, extending toward ribs;* transient drawings and pressive pains in right scapula; dull stitches externally in the left scapula. *Hypersensitiveness, either moral or physical; generally reversed peristaltic action, food when partly swallowed returns into mouth, flatus passes upward instead of downward; hysterical symptoms; constriction of chest with dyspnœa.*

ASARUM EUP.—Dull stitches between scapulæ; pain as from a contusion or bruise along inner border of right scapula, especially when touching scapula or moving it inward. *Lightness of all the limbs; cannot bear the sound of scratching on linen or any similar substance.*

ASPARAGUS.—*Pain at acromial process of left scapula, also under clavicle and down the arm, with exceeding feebleness of the pulse* (Jeanes).

BARYTA CARB.—Between scapulæ: Bruised sensation with pain, worse on rising, pulsations alternating with tearing;

pain between shoulders extending into neck and left shoulder, then into vertex and left nipple. In scapular region, dislocating sensation; itching (left); pinching; lower part burning, worse at night and rising from sitting, better from walking. *Especially indicated in old people who have reached their "second childhood," and in scrofulous patients with swollen cervical glands and characteristic mental symptoms; chronic torticollis.*

Belladonna.—Aching while sitting, sprained feeling with sensation of distension or dislocation, rheumatic pain and drawing, cramp, stiffness in morning on turning head, between scapulæ; shooting in right scapula; pressive pain in left scapula, more toward the outer side; drawing pressure between right scapula and spinal column; shooting and gnawing pain in spinal column; stabbing as if with a knife, from without inwards, in the vertebræ; drawing, burning, and throbbing in the spine. *Pains come suddenly, and after reaching their height, leave suddenly; plethoric patients* (vide Bryonia).

Berberis.—Between scapulæ: Burning and sticking pain, stitches worse during inspiration, tearing in and between shoulder-blades (often extending to lumbar region); in scapular region, bruised sensation (right), drawing, and bubbling sensation (*gurgling* sensation, *Taraxac.* (right)), at outer margin; afternoon aggravation. *Characteristic kidney symptoms.*

Bryonia.—Between scapulæ: Burning (paroxysmal, relieved by motion, Plumb. (right)), drawing (relieved by motion, Caps.), pressure, *tension*, convulsive pains, *stitches from behind forwards; pressing, sticking, jerking pains from between shoulders to epigastrium* (opp. *Bell.*). In scapular region, aching beneath lower angle of right scapula (vide Chel.); dull and sharp pains alternating, beneath lower angle of right scapula. *Dryness of mucous membranes, with thirst, drinking large quantities at long intervals; stitches in various parts; stools large, hard, and dry as if burned; urine very dark red but clear; all symptoms worse from motion.*

Calcarea carb.—Between scapulæ: Burning, itching, stinging, constriction, *drawing*, tearing, pressure, and stitches; *pressive pain between shoulders, impeding breathing when moving;* pain between or in scapulæ, worse from any jarring, such as coughing, sneezing, etc. *Leucophlegmatic temperament; profuse sweat on back of head during sleep; cold, damp feet; menses too early, too profuse and last too long; urine dark and offensive.*

CAMPHOR.—Drawing stitches through and between shoulder-blades, extending into chest when moving the arms; coldness of scapulæ. *General coldness, more or less marked, is a sine qua non.*

CANNABIS IND.—*Pain across shoulders and spine forcing him to stoop and preventing him from walking erect,* at 4 P.M. *Errors in time and space; sensation of drops falling from and upon different localities; characteristic symptoms of urinary organs.*

CANTHARIS.—Burning, boring, stitching, or lancinating pains, either between or in scapulæ; sometimes skin over these parts burns as if a fly-blister were there. *Dysuria.*

CARBO VEG.—*Burning on right shoulder-blade;* sticking between scapulæ, even causing arrest of breathing at night; violent tearing in left scapula on bending back the arm. *Tearing drawing pains in various parts of the body, with cold hands and feet; legs icy cold from feet to knees; characteristic gastro-enteric symptoms.*

CAUSTICUM.—Between scapulæ: Rash, stiffness, and itching; *feeling as of a cold wind blowing between the shoulders;* aching at inner margin of right scapula on moving arm or turning head to that side. *Patients with fair, delicate skin and rheumatic tendency; constipation, with tough stool, shining as if greased, passed better when standing and attended with great urging, causing redness of face and fulness of bloodvessels; urine dark brown, becoming turbid when standing; restlessness at night.*

CHELIDONIUM.—Between scapulæ: Stiffness and stitches, better in afternoon while sitting; drawing in afternoon extending to small of back; creeping coldness. Scapular region: in right scapula, bruised sensation extending down the back, *pain* at 4 A.M., *on awaking* (worse moving arm, extending to chest, relieved by dinner), *pressure extending to sternum,* sprained feeling, stitches on inspiration, cramps; drawing in left scapula in evening extending into arm or chest; pustules on scapulæ with red areolæ; *stitches and pain beneath right shoulder-blade;* stitches from lower angle of left scapula through chest; *constant pain under inferior angle of right scapula,* may extend into chest or stomach, causing nausea or vomiting (Comp., Bry., Merc., Chen. anth.); drawing and sticking pains in, around, and between scapulæ. *Like Diosc. the pains are prone to extend into chest, and like that remedy, too, the liver will generally be involved. The pain under the lower angle of the right scapula is the most characteristic symptom.*

CHENOPODIUM ANTH.—*Slight dull pain a little lower than inferior angle of right (or left) scapula, but nearer the spine;* pain through breast under right scapula and in right shoulder.

CHININUM SULPH.—*Sensitiveness of last cervical and first dorsal vertebræ to pressure; dorsal vertebræ tender to pressure with fingers, or when leaning against anything hard; third dorsal vertebra very painful to touch,* WITH OPPRESSION OF CHEST (not noticed when touching any other vertebra); rheumatic aching at inner border of left scapula. *Great general weakness, especially great weakness of the feet, making walking difficult.*

CICUTA VIROSA.—*Painful sensation on inner surface of scapula; painful* tension across right scapula; sensation of an ulcer on right scapula; *red vesicle on right scapula, very painful to touch;* shock in dorsal vertebræ. *Spasmodic symptoms, such as frequent involuntary jerking of arms and fingers, violent jerking backward of the head, painful shocks,* etc.; sensation as from a bruise in various parts, suggesting use *after mechanical injuries* like Arnica, from which it is distinguished by the predominance of nervous element.

CINA.—Aching in scapulæ if he moves them; stitches on outer margin of right scapula; stitches inside scapulæ associated with stitches near umbilicus, worse in evening on inspiration; tearing sticking pain in upper part of spine extending to right shoulder-blade; *drawing, tearing pain down along whole spine. Picking and boring at the nose; urine quickly becomes white on standing; restless sleep, with frequent waking and grinding of teeth.*

CINCHONA.—Between scapulæ, bruised sensation and sweat followed by itching; in scapulæ, bruised feeling on motion and a sprained sensation. *Weakness, with ringing in the ears; inclination to sweat; distension of abdomen, temporarily relieved by belching.*

COBALT.—Pain between shoulders, associated with backache in small of back, worse sitting, going off when rising, walking, or lying down; indefinite pain on either side of dorsal spine, similar to that felt in chest when "food is lodged." *Especially, when caused by abuse of male sexual organs.*

COCCULUS.—*Pressure in scapulæ and nape of neck, with weakness of cervical muscles,* and heaviness of the head; intermittent, pressive, *paralytic* pain beneath left scapula during rest; stitches in scapulæ extending from right to left; tearing between shoulders and in spine in evening before lying down.

Paralytic pain in small of back; legs feel as if they were going to be paralyzed; aggravation from riding in a carriage, which causes nausea and vomiting, and aggravates headache. Paralytic pains are very characteristic of Cocculus.

DIGITALIS.—Bruised sensation, extending over anterior part of chest; sensation of a thrust in first dorsal vertebra. *Characteristic pulse.*

DIOSCOREA.—Dorsal region quite lame, goes off by motion, in morning; drawing pain between shoulders; pain across back in region of liver; hard pain in back and central portion of right lung; aching pain in left scapula through lung; hard but not very sharp pain in back portion of left lung near lower end of scapula; dull pain through right scapula and lung; tearing through scapula and lung; sharp pain in back at lower portion of left scapula, in afternoon; sharp, deep pain at lower portion of left scapula, followed by sharp pain through centre of right lung in the morning; cutting pain in left scapula; outside soreness over right scapula. *Pains and burning in and around left shoulder-joint, less often right; all symptoms worse lying down, all pains relieved by motion; tendency of the dorsal pains to extend into the lungs; patient subject to the characteristic colic; disposition to felons; dull, heavy, less often sharp, cutting, pains in liver.*

DULCAMARA.—Aching between shoulders, and stiff neck, *from taking cold.*

EUPATORIUM PERF.—Pain between shoulders and in back of neck with aching: pain in back as from a bruise: "*Break-bone fever.*"

FERRUM.—Between scapulæ, burning in evening in bed, and a kind of tearing even when sitting, but worse when walking; a kind of paralysis, *i. e.*, inability to raise arms on account of painful tension between scapulæ; working with arms causes stitching in scapulæ. *Face flushed easily from any excitement or exertion; debility; always better from slow motion.*

FLUORIC ACID.—Deepseated pain beneath lower angle of left scapula, worse when sitting or riding. *Aggravation from warmth, relief from cold* (opp. Silicea); *worse from red wines* (sulphuretted wines, Puls.; sour wines, Ant. C.; chronic effects of lager beer drinking, Kali bich.).

GRANATUM.—*Violent bruised pain in and between scapulæ, as after carrying a heavy load, even clothes are oppressive.*

GLONOIN.—Between scapulæ, burning, with hot sensation, down back; lancinating pain from heart to between shoulders. *Characteristic headache and cardiac symptoms.*

GRAPHITES. — Between scapulæ, contraction with great weakness in small of back, also pressure; stitches and pain in left scapula. Bruised feeling in scapulæ. *Especially in fat, flabby patients, constantly chilly, and subject to eruptions, which crack, and ooze a sticky fluid, the eruption being more apt to occur behind ears, and in bends of joints, and associated with marked absence of perspiration.* (Comp. Alumina.)

GUAIACUM.—*Rheumatic stiffness of whole left side of back, from nape of neck to sacrum, with intolerable pain on slightest motion or turning the part, not noticed on touch or during rest.* Contractive pains between scapulæ. *Especially adapted to patients with rheumatism or gout,* DRAWING LIMBS OUT OF SHAPE, WITH DECIDED GOUTY NODOSITIES ON JOINTS* (Bry. in simple rheumatism).

HAMAMELIS.—Constant dull pain under lower angle of left scapula (comp. Lobelia cœr.). *Venous congestion.*

HEPAR.—Stitches between scapulæ; stitches in right scapula when hawking, blowing nose, and on deep breathing; sensation of something flowing or running internally during micturition; drawing between scapulæ. *Oversensitiveness to pain; characteristic cough and urinary symptoms; very sensitive to cold.*

HELONIAS.—Heat and burning, mostly between lower half of scapulæ, while sitting reading at night. *Especially indicated in women with the characteristic uterine symptoms, or in men with the kidney symptoms; all tired out without apparent cause.*

HIPPOMANES.—Pain between left scapula and spine, worse on deep breathing, bending to left and on swallowing; jerking across spine between scapulæ in forenoon. *Violent vomiting of a bitter, watery substance, on which float pieces like white, hardened fat.* Vide oral symptoms in Allen.

IRIS FŒTIBUS.—Aching while sitting bent and writing; tension, better at 11 A.M.; pain while bending shoulders and rising from stooping (relieved by rest and stooping) between shoulders; bruised sensation, extending forward into chest from right scapula, relieved by lying on left side; sudden sprained sensation at inner margin of left scapula when using right hand.

KALI BICH.—Tearing and drawing between scapulæ in morning on awakening; uncomfortable pressure between shoulder-blades; aching at inferior angle of right scapula;

* Symptoms in small caps are those outside of common keynotes, which I have repeatedly verified.

pain in left scapula. *Flying pains* (Puls.); *gastric and rheumatic symptoms alternate.*

KALI CARB.—Pressure at first between the scapulæ, afterwards a burning extending to crest of pelvis, alike during rest and motion, the burning being perceptible to the hand; also cramplike tearing; sticking pain between scapulæ, with oppression and anxiety in chest, almost only when sitting, compelling her to rise and walk about; bruised pain on left scapula and between shoulders, disappearing on motion; *stitches in right scapula when breathing; tearing in right scapula in the morning;* pressure in scapulæ extending into small of back when riding; drawing from tip of scapulæ to pit of stomach; sprained sensation in scapulæ; *burning tearing near right side of spine above small of back; bruised pain in back during rest, not during motion. Stitching pain in various parts, occurring independently of motion* (comp. Bry.); *swelling over upper eyelid in the morning like a little bag; vertigo from riding in a carriage* (Jeanes).

KALI NIT.—Violent sticking, as with knives, between shoulders, waking her from sleep and causing shortness of breath, appearing while lying on the back, relieved by lying on right side; painful stitches in region of lower angle of left scapula on deep inspiration; stitches beneath right and left scapulæ at night. *Patients who suffer from diarrhœa when eating veal;* severe vertigo, *increased by stooping or bending forward* (Jeanes); sound in the ears as of rushing water (Coccul.).

KALMIA.—Violent pain in upper three dorsal vertebræ extending through shoulders; pain extending over head into temples, not involving eyes. *Characteristic rheumatic (including cardiac)* and neuralgic symptoms.

KREOSOTE.—Between shoulders, coldness extending up back during menses, and pain as from a band, intermittent stitches (Stann.); bruised sensation in scapulæ; pain as if back was broken from small of back up to shoulders. *Characteristic gastric and uterine symptoms.*

LACHESIS.—Between scapulæ, stitches, soreness and tickling, as if between skin and flesh; sticking pains in scapulæ. *Hypersensitiveness without soreness (cannot bear anything tight about neck),* sensitive skin, yet often relieved by rubbing, etc.; *worse after sleep; stool very offensive, even if formed.*

LACHNANTHES.—*Sensation as if a piece of ice were lying on back between shoulders, followed by chill, with gooseflesh all over; sensation between scapulæ as if wet with cold sweat, but skin is cold and dry* (Lippe); *burning in right scapula.*

Laurocerasus.—Boring and burrowing, very much worse during rest, little noticed during motion, formication and inward pressure—between scapulæ; interscapular stitches when lacing corsets, and tension extending to neck; pain in scapulæ.

Lobelia inf.—Rheumatic pain between scapulæ, with dull pressure; pain under right scapula, worse bending forward; about noon, a burning pain in back, as if in posterior wall of stomach. *Nearly all symptoms disappear in the evening; characteristic gastric symptoms.*

Lycopodium.—Between scapulæ, BURNING AS IF FROM HOT COALS, *drawing* in evening, stitches and pimples; drawing in and near right scapula; aching and burning in right scapula; rheumatic pain in left scapula, can't raise arm to head; sticking pains beneath right scapula, extending to nape of neck and head; bubbling beneath left scapula (comp. Berb.); frequent stitches as with a sharp knife, near inner margin of scapulæ that take away the breath; bruised feeling in scapulæ; involuntary approximation of scapulæ backward at one time, at another, contraction of the pectoral muscles forward. *Aggravation from* 4 *to* 8 P.M.; *characteristic gastric symptoms; red sand in urine.*

Magnesia mur.—Between scapulæ, burning (after scratching, Mag. Carb., Rhatania), with bruised sensation; itching before lying down relieved by scratching; itching pimples; soreness and tensive feeling extending downward; aching extending to clavicle, constriction and violent tearing in scapulæ. *Most of the symptoms appear while sitting, and are better from exercise; constipation, stools crumble as they pass verge of anus.*

Magnesia sulph.—Between scapulæ, bruised and ulcerative pain, with feeling of a lump as large as the fist, so that she could not lie on the back, and if she lay on the side, the lump was felt there, relieved by rubbing; also stitches and tension; sensation as if beaten between shoulders. *Heat on top of head* (just as marked as under sulphur).

Menyanthes.—Between scapulæ, sharp pinching near spine; heaviness while walking, relieved by bending backward and forward. *Extremely painful tearing, extending downward, especially on deep inspiration,* disappearing while sitting, immediately returning on walking; during rest there remains a sensation of soreness over track of pain. *Dull boring sticking, in left scapula, extending across spine.*

Mercurius prot.—Between shoulders, numbness, sore-

ness, pulsating and cutting; cutting worse from motion and itching in left scapula; pain and pulsation in right scapula. *Tongue coated thick yellow at base, anterior portion clean.*

MERCURIUS SOL.—Between shoulders; violent pains where neck joins back, on moving head or turning body when lying, terribly aggravated when raising up; sharp, needle-like stitches between scapulæ; burning extending down back. Scapular region, twitching in right scapula; tearing in scapulæ; bruised pain, with sticking and tension in left scapula, causing screaming when turning head; painless throbbing in scapula, ending in trembling. Burning hot sensation all over back, and pain in back as if bruised.

MERC. VIVUS.—Long-continued severe interscapular aching; slight localized tenderness to pressure over 4th and 5th dorsal vertebræ; sensation of heat and hyperæsthesia in upper half of back; aching in mid-dorsal region to right of spine; right subscapular aching becoming also interscapular; right subscapular aching extending over hepatic region on awaking; continuous severe aching beneath lower angles of scapulæ, also beneath right scapula; bruised sensation of scapula, back and small of back. *Flabby tongue, bad breath, aggravation at night, and from warmth of bed,* etc., are characteristic of both Merc. sol., and Merc. vivus.

MEZEREUM.—Pain beneath angle (lower?) of left scapula; rheumatism in left scapula and nape of neck (in which there is a *stiff pain*), worse turning to opposite side; *rheumatic pain in right scapula in morning after rising; rheumatic pains in muscles of scapulæ like a tension, and as if swollen, making motion difficult;* sticking, drawing, pressive pains in and around scapulæ; *pain in right shoulder-joint,* with rheumatic pains also in region of shoulder.

NAJA.—Between scapulæ, aching in afternoon, pain worse moving arms or shoulder-blades; pain as if in spine; pain and shooting in scapulæ.

NATRUM ARS.—Between scapulæ, pain relieved by bending shoulders forward (extending to chest at 9th and 10th ribs); stitches on full inspiration; pain worse morning and evening.

NATRUM CARB.—Between scapulæ, gnawing (as of insects, Ter.) in a spot as large as the hand, tension and drawing pain, stitches relieved by inspiration; tearing, sticking pains, in and between scapulæ, also interscapular coldness (associated with lung symptoms), paralytic pain in morning.

NATRUM MUR.—Between scapulæ, bruised sensation while sitting, relieved by lying; drawing and stiffness. In scapular

region, bruised sensation when stretched; burning as if from hot water; stiffness. *Paralyzed feeling in small of back in morning on rising; spine oversensitive with tension and drawing pains, better on lying on something hard; weak and nervous; with fluttering of heart; greasy look of face; sad, yet consolation aggravates; violent thirst, with dry, sticky mouth, worse in evening; characteristic constipation and uterine symptoms.*

NATRUM SULPH.—Piercing, as with knives, between scapulæ (also in sacrum) in evening while sitting; burning in scapulæ, extending to nape of neck, and a bruised sensation when yawning; soreness up and down spine and neck; itching in back when undressing. *Region of liver sensitive to touch, stepping, deep-breathing, or sudden jar, with stitches when walking in open air; passage of large quantities of flatus, often associated with the characteristic diarrhœa; panaritium, inflammation and suppuration around the roots of the nails; sore across bowels, side and back; hydrogenoid constitution.*

NITRIC ACID.—Stitches in and between scapulæ, worse stooping; neck stiff; pain in scapulæ while walking; neuralgic pains up the back, particularly left side. *General amelioration from riding; pricking as from splinters, in various localities; gnawing here and there, as from ulcers forming.*

NUX VOM.—Between scapulæ, bruised sensation and drawing, worse stooping (Cham.); constriction, pain on moving head; stitches when breathing (Caps.) and on motion; burning stitches (Calc. c.); *tension, burning, pressing,* AS FROM A STONE, BETWEEN SHOULDERS (comp. Puls.) In scapular region, bruised sensation, pain and sprained sensation as from exertion; *scapular muscles drawn convulsively back and forth. Irritability, with oversensitiveness to external impressions, such as noise, strong odors, etc.; heat, with red face, and aversion to uncovering; constipation, with frequent "false calls;" characteristic sleep and gastric symptoms.*

OXALIC ACID.—Deepseated burning between shoulders in the evening; numbness in small of back (comp. Picric acid). *The symptoms are markedly aggravated by thinking of them; pains come in small spots* (Kali bich.).

PÆONIA.—Boring in left scapula (comp. Aurum m. n.), better on motion.

PETROLEUM.—Pressure and strained sensation extending into chest; sprained sensation in scapulæ. *Throbbing, pulsating, occipital headache;* many ailments worse before or during a thunderstorm; aversion to the open air and from it chilliness; *eruption behind ears* (comp. Graph.).

PHOSPHORIC ACID.—Between scapulæ, pimples red, sensitive to touch of clothes and rubbing, worse evening, better in morning; acute boring between shoulders; eruption on scapula, painful to touch; gnawing on scapulæ. *Characteristic diarrhœa; urine looks like milk mixed with jelly, like bloody pieces, decomposed rapidly, passed in large quantities at night, or frequent emission of pale, watery urine, forming a white cloud at once. Especially in young persons who have grown very rapidly.*

PHOSPHORUS.—THE SPINOUS PROCESSES OF DORSAL VERTEBRÆ BETWEEN SCAPULÆ ARE EXCEEDINGLY SENSITIVE TO PRESSURE, *also muscles between spinous processes and left scapula sensitive, much worse on left side;* interscapular aching; sticking pain from behind forward through chest or reverse; sensation as from a draft of cold air in muscles of right scapula and along posterior portion of right arm to elbow, or as if a raw wind was blowing on a moist surface; sensation when lifting or carrying anything as if some one were tightly grasping scapulæ; A RATHER BURNING PAIN, *also throbbing, in a small spot* between shoulders; sticking pain in right scapula; pulsating in scapulæ recurring when rubbing; heat at tip of scapula; *heat in back; can't lie on it, it is so hot, with great weakness in abdomen.* Especially suitable to tall, slender persons, with fair skin, blonde or red hair, with anxious restlessness *at twilight,* when alone, *during a thunderstorm* (Petrol., Rhod., Natr. c., Silicea), with palpitation; *any lively impression is followed by heat, as if immersed in hot water; constipation, with fæces slender, long, dry, tough, and hard, like a dog's, voided with difficulty, or characteristic diarrhœa; pains are especially aggravated by unpleasant emotional excitement and by vexation.*

PICRIC ACID.—Burning along spine in dorsal region, worse trying to study, better from motion; very hot feeling in lower dorsal and lumbar region; pain under right shoulder-blade, as if a sharp instrument were thrust in. *Lack of will-power to undertake any work; dull, pressive headache in forehead or occiput* (*dull,* DEAD pains are very characteristic of the remedy); *restless sleep, with priapismic erections; legs feel heavy like lead, feet cold; great feeling of fatigue.* Especially applicable to brain fag and sexual excesses.

PODOPHYLLUM.—Pain between scapulæ, worse in morning; *pain under right scapula. Restless sleep, with half-closed eyes, moaning, grinding of the teeth; characteristic diarrhœa and hepatic symptoms.*

PRUNUS SPINOSA.—Pain near spine, two inches to left of left scapula, as if a plug were being forced inward on stooping; dull sticking pain between scapulæ, extending to lumbar vertebræ on deep inspiration, taking away his breath; *all parts of back and small of back seem stiff, as if he had been injured; characteristic neuralgic or urinary symptoms.*

PULSATILLA.—Between scapulæ: PAIN AS FROM HEAVINESS (comp. Nux.); fine stitches on motion; pains as on rising after stooping a long time, disappearing on walking about; sticking pain during rest, alternating with sticking pain during motion, impeding breathing (under Puls., pains even in distant parts of the body characteristically produce embarrassed respiration—Hahnemann); INTERSCAPULAR PAIN INCREASED BY INSPIRATION; *drawing, fine sticking pain in nape of neck, between scapulæ and in back;* heat at 6 P.M. Scapular region: cracking in scapula on slightest motion in the morning; stitches in scapulæ at night; pinching pain in right scapula when sitting; *feeling as if cold water were being poured down the back; whole back painfully stiff, like a board. Weeping mood; irresistible desire for fresh air; the pains are accompanied by chilliness, which increases with their severity; characteristic sleep; gastric and uterine symptoms; thirstlessness; worse when lying on left side* (Phos.) *and in evening; erratic pains* (Sulph., Kali bich., Bry.),

RANUNCULUS BULB.—*Severe pain along inner edge of left scapula nearly its whole length, sometimes extending below its inferior angle or through lower half of thorax;* shivering in scapulæ; stitches in scapulæ when walking; rheumatic pain between scapulæ in morning on awaking. *Intercostal rheumatism.*

RHODODENDRON.—Rheumatic pain between scapulæ, worse from motion (extending to small of back on motion, Dros.); shooting from back to pit of stomach; drawing in left scapula. *All symptoms are worse at approach of a thunderstorm or rough weather (no other remedy has this so marked); the rheumatic pains (chiefly* in forearms and lower legs) *are worse at night, and from rest* (interscapular pain an exception), *better from motion; pains in bones or skin in small spots, radiating from place to place; paralytic weakness during rest, also great weakness after slight exertion.*

RHUS TOX.—Between scapulæ: Tearing, and at same time scapulæ were drawn together from both sides; *violent rheumatic pain, neither relieved or aggravated by motion or rest* (an exception), *only relieved by warmth, aggravated by cold;*

coldness; constrictive pain in dorsal muscles while sitting, relieved by bending back, worse from bending forward; every mouthful of food hurts between shoulders (Lyc.). Scapular region,—coldness, contraction, and cutting in scapulæ; pressure upon and drawing pressure beneath right scapula impeding respiration; tearing in crest of scapula; pain on left scapula as from violent pressure with a finger. *Rheumatic pains are worse when beginning to move, better from continued motion* (Anac.), *worse from cold, and relief from warmth; prominent processes of bone sore; great restlessness; aggravation from change of weather* (Rhod.), *in wet, damp weather* (Dulc., Ruta). Rhododendron pains *foretell* the *approaching* storm; Rhus pains make known its actual *presence.*

Rumex crispus.—Between scapulæ: Aching while standing; stinging-burning, attended by a constant desire to take deep inspirations, with sensation of dry heat in middle of chest. Scapular region,—aching pain in back, under and below apex of left scapula; stinging-burning pain in back, just below inferior angle of left scapula, followed and accompanied by stinging, almost itching pain, in left side of chest just below nipple; pains in right and left scapulæ. *Characteristic cough.*

Ruta grav.—Between scapulæ, pain worse in afternoon, itching and sticking; *pressive drawing very acute pain in right side of spine, opposite liver, especially on inspiration* (compare symptom under "Neck, Back," in Hering's Condensed); painful jerking in spine opposite pit of stomach, worse from pressure of hand, which causes aching beneath last short rib, that extends into abdomen and impedes respiration; *pain as from a fall, in dorsal vertebræ,* during rest and motion; *pain in spine, as if beaten, bruised, and lame;* drawing pain in scapulæ, impeding respiration. *Rheumatic patients and after mechanical injuries; pains are as from a fall or blow, and all parts of body (but especially limbs and joints) upon which he lies, even in bed, are painful as if bruised; eating meat causes eructations and itching of the skin. Arnica is better indicated in injuries affecting bloodvessels and muscles. Ruta in injury to bones, periosteum,* and fibrous tissue.

Sanguinaria.—Dull pain along inner edge of left scapula, with heat and chills alternating and extending down to kidneys, where there is great heat and pain, worse breathing (comp. Ranunc. bulb.); stitches between scapulæ extending to shoulder-blade; soreness down muscles of back, felt more on breathing; pain shifts about; stitches from back, beneath left

shoulder-blade towards shoulder-blade. *Rheumatism of right deltoid; rheumatic pains in places least covered (joints excepted) with flesh; touching painful part drives pain to some other locality; characteristic headache; heat flying from head to stomach, or sensation of hot water poured from breast into abdomen; burning of palms and soles of feet, worse at night.*

Senega.—Between scapulæ: Subcutaneous itching and burning aching when stepping hard or from other movements which concuss chest; drawing-aching pain along base of left scapula; aching painful feeling under left shoulder-blade, more frequently in evening, and only when sitting. *Characteristic chest symptoms and cough.*

Sepia.—Between scapulæ: *Coldness as from a cold hand* (as from cold water, Abies c.); *great aching between shoulders and under left scapula extending into left lung, worse on expiration; constant pain between shoulders and down the back;* drawing and sticking pressure; stitches during eructation; tension; vesicles. Scapular region: Fine stitching pains from scapula through ribs on right side of back, coming on with and lasting only during each inspiration, the same in all positions, only relieved when walking in open air; aching beneath scapulæ on expiration. Pressure and drawing pains common. *Characteristic mental, gastric, urinary, and uterine symptoms.*

Silicea.—Between scapulæ: *Violent tearing* (pain as if tearing asunder); tension and drawing in and between scapulæ; drawing between scapulæ only at night, compelling her to bend backward for relief (during menses); stitches. Scapular region: *Frequent sticking in right scapula;* burning pain and crawling in left scapula; pressure as from a weight upon scapulæ, more in morning, during rest than during motion; they seem swollen, and the pain takes away the breath when leaning against the back; itching; stitches at lower angle of scapula when coughing; twitching of scapular skin. Constant aching pain in centre of back; *burning in back while walking in open air and becoming warm. Offensive foot-sweat, making feet sore; relief from warmth (wrapping up head warmly), aggravation from cold* (opp. Fluoric acid); *characteristic constipation; ill effects of vaccination.*

Squills.—Tickling itching between shoulders, with burning and sticking after scratching; *painful jerking above,* and painless *drawing on left scapula. Characteristic cough;* bubbling sensation beneath scapulæ, in back and left upper arm.

Stannum.—Pressive drawing in spine between and below scapulæ, worse from motion, especially turning the body; on

raising a weight, sprained sensation between shoulders, more to left side, with violent, sharp knife-like stitches on slightest motion, breathing or yawning (comp., Natr. sulph.); intolerable pain on bending backward; broad, dull, or slow intermittent dull stitches between scapulæ; drawing tearing in left scapula, partly toward back, partly toward shoulder; burrowing stitches in right dorsal muscles, persistent during respiration; violent burning sticking in upper part of scapulæ, transiently relieved by rubbing; sticking, griping in back by false ribs. Especially adapted to women who are sad and lachrymose (Puls.), with lung or uterine difficulties; *weakness in chest, which feels as if eviscerated, making talking difficult; weakness, especially noticed when descending; knees suddenly give way when patient attempts to sit down; so weak in morning that she can hardly dress.*

STRAMONIUM.—Pain between shoulders when coughing; *drawing pains in middle of spine, with drawing pain opposite in posterior portion of stomach; cervical spine remarkably sensitive, slightest pressure causing most violent outcries and raving;* constant pain in cervical and upper dorsal vertebræ. *Desire for light and company, with characteristic mental symptoms.*

SULPHUR.—Between scapulæ: Burning pain; corrosive burning between scapulæ, beneath right shoulder-joint, in small of back and nates in evening on lying down; *tension between shoulders and one side of neck; tensive pain while lying and when moving; tension and bruised pain between scapulæ and in nape of neck, going to the shoulder when moving the head;* steady pain during rest, changing to twitching pain on motion; *roughness and dryness of interscapular skin;* itching when undressing; stitches. Scapular region: *Pressive pain beneath scapulæ in evening;* burning about lower angle of left scapula; *pain in scapulæ when coughing;* pain as from a sprain in right scapula on moving arm; drawing and tearing in right scapula, also tearing between scapulæ and in left scapula; long pulsative, undulating stitches (causing jerking through whole body and compelling him to hold his breath), occupying space as large as a crown-piece two inches below left scapula, recurring every fifteen or thirty minutes (in afternoon); shoots as with fine needles at lower angle of left scapula in the morning and at night, worse from motion; *several stitches beneath scapulæ, taking away the breath and preventing stooping;* drawing on going to sleep; aching beneath scapulæ in evening; *sensitiveness of scapulæ. Most of the troubles occur only during rest and disappear on moving the affected part or on walking; heat*

on vertex (Mag. sulph., Natr. sulph., Calc. c., Graph., Hyperic., Natr. mur.); *very weak and faint about* 11 A.M., *must have something to eat* (Natr. c., Phos.); *diarrhœa driving patient out of bed in morning; heat in soles of feet at night with sleep in "cat naps," and sudden jerking when falling asleep; frequent spasmodic jerking in whole body, especially in lean persons who walk stooping.*

TABACUM.—Between shoulders: *Coldness and shivering, with pain* (worse at night?) *and præcordial oppression* (*in angina pectoris*); burning beneath the scapulæ.

TELLURIUM.—*Spine from last cervical to about fifth dorsal vertebra is very sensitive, and the seat of a peculiar sense of irritation, which causes dread of having the part touched or even approached, and yet the tenderness to touch is not very great; this irritation radiates upwards into neck, outwards into shoulders, and forward through thorax to sternum; the distress caused by this irritation being aggravated by fatigue, but only partially relieved by repose;* aching in scapulæ on awaking; drawing in right scapula.

THUJA.—Between scapulæ: Weakness in and between shoulders, so that clothing is distressing; pressing, burning, and boring; sharp stitches and sticking, burning from small of back to between scapulæ. Scapular region: Pressure in back beneath scapulæ associated with pressive constrictive cramp in stomach; drawing in both scapulæ in the direction of the *nape of neck*, in both legs from knees to malleoli, and at same time in both forearms from elbows to wrist-joints. Painful soreness in middle of back, also sensation of dislocation, worse from sudden bending of body to the right. *Hydrogenoid constitution* (Natr. sulph.) *and sycosis; warts; ill effects of vaccination* (Silicea); *skin on neck brown and greasy, face also has a greasy look* (Natr. mur.).

UPAS.—Feeling of stretching along spine; pressure and feeling as if beaten in spinal column, most severe in region opposite the stomach.

URANIUM NITRIC.—Pain at lower angle of left scapula, aggravated by taking a deep inspiration (*pain in posterior aspect of spleen, Lobelia cœr.*). Remember in diabetes.

VERAT. ALB.—Between scapula: Stitches and tearing, worse from motion; pain, even while sitting, converted into a decided tearing when turning; *rheumatic pain between shoulders, extending from nape of neck to small of back*, especially distressing when going to stool. Scapular region: Violent pressure as if bruised and beaten in the scapulæ; pain in scapulæ

extending over whole back, with diuresis, thirst, and constipation; burning in scapular region. *Cold perspiration on forehead; contracted pupils; violent thirst for large quantities of very cold water and acid drinks.*

Viola tric.—Coldness, cramp, cutting, pinching, and formication in skin between scapulæ. *Urine smells like that of a cat.*

Zinc. met.—Between scapulæ: Burning, tearing between spine and right scapula; pain extending through small of back to sacrum; burning in and tension between shoulder-blade, with itching. Scapular region: *Pressing tension in back beneath right scapula*, extending down back and towards axilla; sharp stitches in right scapular region; stitches beneath left scapula extending forward into left pectoral region; beating throbbing under third of left scapula; burning in left scapula. Burning along whole spine, worse sitting; pain at last dorsal vertebra.

Wine aggravates all the symptoms, which are also worse after dinner and towards evening; most of the symptoms come on while sitting and during rest, and are relieved by motion and in open air; pains seemingly between skin and flesh; twitching and jerking in various muscles, with jerking through whole body at night; fidgety feet, which are constantly in motion; feels best during menses.

"THE LYCOPODIUM FALLACY."

BY S. A. JONES, M.D., ANN ARBOR, MICH.

Dr. Winslow's paper under this heading has much of interest for every homœopathic practitioner, and such researches place us all under obligations to the investigator. They reveal conditions not generally known, and suggest improvements which our enterprising pharmacists will not be slow in adopting.

The difficulty of comminuting the spores of Lycopodium clavatum is not unknown to our pharmacists, attention having been called to this fact some few years since by a writer in the *Homœopathic Review* published in London. Dr. Winslow, however, has precisionized the extent of the defect in our process of trituration to a degree not before known, and his paper will undoubtedly secure a deserved attention on the part of our pharmacists.

On recently examining one of Boericke & Tafel's sixth decimal triturations of Lycopodium, I was surprised at the num-

ber of unbroken spores therein, and I can readily accept Dr. Winslow's conclusion that the ruptured spores "do not exceed ten per cent. of the mass."

Farther than this, however, I am not prepared to go with him; nor does his ultimate conclusion give me any dismay; in fact his results appear to me to tell loudly in favor of the potentiality of the infinitely little.

To do him justice I must quote his words:

"What a loss of power in the inert ninety per cent.! How greatly the facts presented lessen the probability of there being any medicine at all in the 12th, much less in the 30th potency."

When we get to learn more precisely *what matter is*, I, for one, shall feel more disturbed by sundry microscopical deductions and mathematical calculations concerning its divisibility, final disappearance, etc. Meanwhile, I am obliged to content myself with the best test known to me,—the clinical. Now, the diseases in which Lycopodium does its best work are not self-limited, and this fact removes one prolific source of fallacy in the application of the clinical test. The Lycopodium disease-conditions *par excellence* are those of suboxidation,—the hystolytic processes fall short of their ultimate, and we have uric acid instead of the more fully oxidized urea. In treating such cases we can demonstrate the results of our remedies by suitable urinary analyses. Indeed, there are few, if any, instances in which we can be more precise; and from my own experience I can truly say that Lycopodium has found a place in my estimation as one of our most reliable remedies. I have been more frequently disappointed by Arsenicum than by Lycopodium; and another criterion on which I have learned to rely, is the speed with which a remedy does its work,—a quick response denoting *the similimum* for the condition treated. On the whole, I should say that if I could not trust my experience with Lycopodium, then all my experience is fallacious and worthless.

Now, this clinical work, which has so far satisfied me, has been done, in the instance of Lycopodium, with the 30th and the 200th potencies, and, if only 10 per cent. of the mass of the spores is operative, then this experience with this remedy is in favor of the potentiality of the infinitely little.

But the unruptured spores are not "inert." This is demonstrated, first, by the testimony of its empirical pre-homœopathic employment, and, secondly, by the provings of Professor Martin, of Jena, with the crude drug.

Nevertheless, 90 per cent. of unruptured spores, each of them containing a peculiar oil, is a challenge to our pharmacists, which they should at once accept.

Flückiger says, "the spores are thoroughly comminuted by prolonged trituration with sand," and by this means he was enabled to obtain from them 47 per cent. of a fixed oil. Buchholz, by an inferior process, got only 6 per cent.

We should, then, try a tincture of the oil extracted by ether, after Flückiger's method, and, perhaps, our pharmacists will soon enable us to do this.

The *British Homœopathic Pharmacopœia* says, "It is doubtful whether the tincture possesses all the virtues of the drug," and this is, indeed, a plausible doubt, for the ash of the spores contains Alumina and Phosphoric acid, and we do not know that these are constituents of the oil.

While I, myself, am satisfied with what Lycopodium, as ordinarily prepared, has done for me, yet I should welcome an improved method of preparing the remedy, for the sake of those who, having had no experience with it, and, therefore, confidence in it, may eschew the remedy on the strength of Dr. Winslow's findings.

That would be the worst outcome of "The Lycopodium Fallacy."

FUNCTIONAL PARALYSIS OF THE VOCAL BANDS.

BY HORACE F. IVINS, M.D., OF PHILADELPHIA.

Functional, nervous, or hysterical paralysis is usually characterized by an impairment in, or complete loss of the voice, due to no pathological change, so far as at present known, but having, as its name implies, a purely functional origin. The laryngoscope reveals, in most cases, a perfectly normal appearance of the larynx, with the exception of the position and motion of the vocal bands. Associated with this affection, however, we may find any of the local laryngeal changes.

At times patients are met with who have lost their singing voice, but are still able to converse in a clear tone; the reverse is, however, the more frequent condition, and Cohen* says: "One of my patients actually performed duty in a church choir in Philadelphia, for more than two years, during the whole of which time, according to her assertion, she had been unable to utter a vocal sound in conversation."

Usually the loss of voice is sudden and complete, the pa-

* Loc. cit., p. 642.

tient, for example, first noticing it on waking in the morning, or after some mental strain, fright, shock, etc.; and it often returns as suddenly and unexpectedly as it departed. It may return at longer or shorter intervals, only to again disappear, or it may be absent for years with no remission.

Most cases occur at, or just after puberty, rarely earlier. The menopause seems, likewise, to favor the development of this affection. Functional paralysis may present itself at any time of life; it rarely affects the male sex.

The belief is not generally entertained that this condition is assumed by the patient with any intent to excite sympathy or deceive, for it often attacks those who have the greatest desire to use their voices, and who are willing to undergo any treatment which offers the least hope of a cure; yet in other cases, the patient would seem to be one willing to do anything in order that pity might be shown her.

Causes.—Many times nothing can be discovered to which its presence can be assigned, the individual being, so far as ascertainable, in perfect health, but frequently general manifestations of hysteria are found. Anæmia of the larynx as a precursor of laryngeal phthisis is at times given as a cause, and "in such a case it is a question whether enfeeblement of motor power in the lungs or local anæmia is the principal factor."* It may be due to reflex irritation from catarrh of any portion of the respiratory tract, in uterine displacements, and menstrual disorders, from impaction of hardened fæces in the rectum, or "dyspepsia." The presence of foreign bodies or new growths in the pharynx, larynx or trachea is also a common exciting cause. It has, at times, appeared during the progress of an eruptive fever, or gestation.

Over-use of the voice is an occasional cause, as is a direct current of air upon the neck when overheated. We not infrequently find hysterical paralysis following instantly upon a mental shock; as, receiving the news of the decease of a relative or friend; witnessing an accident in which human life is involved; fright, etc. Bodily weakness or mental strain may be enumerated among the causes.

Dr. G. W. Major† has seen several cases of nervous aphonia which were caused, as he believes, by "Phonation on Inspiration." Lastly, functional paralysis may be found in conjunction with any of the diseases of the larynx. Mackenzie‡ says,

* Browne, Diseases of the Throat, p. 280.

† Archives of Laryngology, January, 1882, p. 60.

‡ Diseases of the Pharynx, Larynx, and Trachea, vol. i, p. 339.

"It is common in the second and third stage of phthisis, and this is an important fact, as the aphonia of phthisis is almost invariably attributed to the structural changes which are too frequently encountered in that disease."

Hysterical paralysis of the larynx may be divided into two classes. *First*, those cases in which there is found a want of power in the adductor muscles of the vocal bands; and *second*, but very rarely, when a paralysis of the abductors exists.

Symptoms.—When the adductor (crico-arytenoidei laterales and arytenoideus) muscles are paralyzed, the voice may be rough, jerky, hesitating; it may go and come at intervals, or as is more usual, there is complete aphonia, which may last from a few days to years. In purely nervous cases attempted phonation is followed by the faintest whisper, the patient often appearing not to make the slightest effort to articulate; and Ziemssen's "phonetic waste of breath" is sometimes noticed as a sound which would indicate a large amount of air passing through the open glottis, while the effort to speak is soon followed by fatigue. Respiration is often quick and shallow. Pain is a rare symptom. Coughing, laughing, and sneezing are performed in a normal manner. In these cases a paralysis of the lips may even be present.

When the abductor (crico-arytenoidei postici) muscles are the ones affected, the voice may be normal (?) or aphonic; respiration is attended with the sound of air passing through the almost closed glottis, being difficult, especially on inspiration, in severe cases even suggesting the necessity of opening the respiratory tract below the vocal bands.

Functional paralysis of the glottis-openers is not associated with exacerbations and remissions; while in spasm of the glottis-closers, the patient can breathe with perfect freedom one minute, and in the next the air may be prevented from passing between the vocal bands, from which condition the sufferer will die unless the spasm relax, or tracheotomy or laryngotomy be performed. In milder cases the spasm may not reach such a grave condition.

In paralysis of the abductors, Dr. Marshall Hall tells us that there is "a constant but partial closure" of the glottis; but in spasm of the glottis-closers, we have an inconstant but complete closure of the vocal bands.

In examining those cases belonging to the first class (paralysis of adduction), and referring to the uncomplicated cases only, we find the vocal bands moving freely during respiration, sneezing, coughing, and laughing, while, during phona-

tion, their motion is impaired or entirely wanting, the bands remaining separated, while the larynx presents a normal appearance in every other respect.

In the second class (paralysis of abduction), quite a different picture is seen; the cords are found quite closely approximated, a slit-like opening only remaining for the entrance and exit of the air. During inspiration, this opening becomes somewhat narrower, while during expiration the bands are separated slightly. Attempted phonation may not change the slit-like opening, in which case we have aphonia; or, as in the organic paralysis of abduction, the voice may be nearly or quite normal, the bands coming in contact throughout their whole length.

In both forms the affection is bilateral, though one band *may* move more freely than its fellow.

If, after a careful examination, doubt as to the real nature of the case still remains, an anæsthetic should be employed, when, if the affection is due to an inability to adduct the bands, the patient will use her voice just before the stage of complete anæsthesia; if it be due to the opposite condition, the stridulous breathing of the case is, according to my observation, only relieved after complete loss of consciousness, and then but very gradually, whereas in *spasm* the relaxation is usually instantaneous and complete. In the *organic* forms the paralysis remains unaffected by the narcosis.

Prognosis.—If uncomplicated, we can always assure the patient that a cure can be effected, and usually a speedy one; but where the paralysis is associated with or secondary to some local laryngeal change, the prognosis must depend upon the severity of the condition causing it, the affection proving, many times, very obstinate, despite careful treatment.

Treatment.—Emotional influence, fright, "will-power," and, in fact, those conditions which tend to produce the paralysis will oftentimes remove it entirely. An unexpected local irritation, such as the introduction of the laryngeal mirror into the fauces, may be sufficient to dispel the trouble. Stimulating remedies applied by brushes, sponges, sprays, inhalations or insufflations, to the interior of the larynx, suddenly dashing cold water into the face or upon the neck, electricity, and internal medication, have all, at times, succeeded in restoring the voice. Dr. H. K. Oliver* recommends "laryngeal gymnastics," which consists in manipu-

* American Journal of theMedical Sciences, April, 1870, p 305.

lations of the larynx externally, with the fingers, while the patient produces certain vocal sounds; this is done to assist the various muscles in the performance of their functions. The doctor claims to be able to restore the voice by this means alone. Electricity, applied directly to the mucous membrane of the larynx, has, of all the curative agents, given the best results. In purely nervous cases, this will occasionally restore the voice permanently upon the first application, but more often it must be repeated a few times, at intervals of a day or two. When the affection is complicated, other treatment should be made use of in addition to the electricity, according to the nature of the accompanying trouble.

Either form of electricity may be employed, but the one generally used is the faradic. Meyhoffer* says, "The source of electricity to be selected is the *constant current* when the affection is caused by deficient vitality of the nerves, and the *intermittent current* when the muscles of the larynx have lost their contractile power."

The negative pole being attached to a laryngeal electrode, is applied directly to the interior of the larynx, preferably the vocal bands, while the positive pole is applied by a sponge electrode to any portion of the person, or by a "necklet," as employed by Mackenzie. The current need be in most instances but a weak one, and lasting only a few seconds. Usually the patient "screams out" at the first shock, and then may be able to continue speaking for a considerable time, or even not again lose her voice; but generally she relapses after a few hours into her former condition, after which the procedure should be repeated, and often several times, before a cure is effected. Many times, the voice once having been regained, the "will-power" of the surgeon or of the patient's friends, is sufficient to prevent a return of the aphonia.

Electricity applied to the second class of cases works much more slowly than when employed with the first class, but usually with as good a result finally.

Should there be much hyperæmia of the laryngeal mucous membrane, efforts must be made to remove it, before the use of the electricity, as this condition often causes the failure of the agent. The application of electricity to the external surface of the larynx will frequently relieve, but seldom so quickly or so effectually as the endolaryngeal method.

After its restoration it is well to practice the voice by sys-

* Larynx and Bronchial Tubes, p. 234.

tematic counting or speaking, commencing with very simple sounds, and for a few minutes only, gradually increasing to sentences, and finally to general conversation. Dr. Burg reports a case of hysterical aphonia lasting two years, which was cured by the application of a copper collar, and Dr. Major treats his inspiratory cases by systematic progressive vocal training, having the patients inflate the lungs thoroughly before allowing them to articulate, and beginning with "such simple sounds as 'ah,' 'eh,' and 'oh,' . . . thus, as in teaching a child to spell, we gradually advanced until simple syllables were attained, then words, and so on." Dr. M. reports in full the "most obstinate" of his cases, in which he succeeded in curing the patient, after the usual treatment, including the use of electricity, had failed.

MEDICAL THERAPEUTICS.—*Aconite.*—Functional aphonia from fright, anger, indignation, and violent emotions. Cords often congested; subacute catarrh.

Cuprum met.—"SPEECHLESSNESS CONTINUES, after consciousness is restored, after hysterical, epileptic, or other convulsions. Reflex aphonia, from cerebral or sympathetic causes; spasmodic cough, or dyspnœa, due to a spasm of the larynx, diaphragm, or intercostal muscles, with cyanotic state of lips, nails, etc."—LILIENTHAL.

Gelsemium.—Aphonia only during the menstrual flow.

Ignatia.—Hysterical aphonia, with mental anxiety. Cough dry and constant, from a tickling sensation in the trachea.

Nux moschata.—Nervous aphonia, reflex from gastric, intestinal, and cardiac affections. Walking against the wind often brings on aphonia.

Opium.—Aphonia after fright.

Phosphorus.—Hoarseness and aphonia of nervous origin, with cough and rawness of larynx; worse, evenings; cannot talk on account of pain in larynx, sensitive to touch. Sensation as if lined with fur. *Anæmia of larynx, especially in threatened tuberculosis.* Vocal bands relaxed and flabby.

Platina.—When occasioned by uterine troubles.

Pulsatilla.—Nervous aphonia from every emotion; constriction in throat, preventing speech.

Rumex crispus.—Hysterical aphonia, associated with tubercular infiltration of left apex.

Sepia.—Functional aphonia from diseases of the uterus, either of a functional or organic nature.

"In the majority of instances, however, paralytic aphonia resists every internal treatment. We have repeatedly tried

all the medicines which, among their pathogenetic symptoms, number the suppression of nervous influence on the vocal apparatus, . . . but always with equal failure, except in one instance of periodical loss of voice, where Gelsemium proved curative." *

Of the *ad*ductor paralysis we find much written, and every laryngologist has doubtless seen many examples; but of the *ab*ductor form of paralysis we find only sufficient written to prove that such a condition does exist. For example, Ziemssen† says: "It is quite likely that hysteria can lead to transitory abductor paralysis;" and Mackenzie,‡ after enumerating the various causes of "bilateral paralysis of the abductors of the vocal cords," concludes by saying: "In a few (cases) it has been of an hysterical character." Some other writers give about the same space to the subject, while Guttman,§ in speaking of this trouble, makes the following remark: "I have seen two cases of this affection, both occurring in hysterical individuals."

Simon has reported a case of hysterical or functional paralysis of the abductor muscles, in which the paralysis seemed complete. . . . . The apparent dyspnœa was so great that preparations were made to perform tracheotomy, when, according to the account, the patient suddenly spoke, and the condition disappeared.‖ With the above case there was complete aphonia.

A case, recorded by Tuerck,¶ in which there was imperfect paralysis of the glottis-openers and glottis-closers, presents many of the features of a functional affection, with hoarseness. Here the bands did not come closely in contact during phonation, neither did they separate much during respiration.

The following cases I offer as illustrating, in a typical manner, the two forms of functional paralysis above described, and both show how essential is the use of the mirror, as each patient was supposed to be suffering from the lodgment of a foreign body in the larynx, which supposition was proven by the laryngoscope to be a false one, and its employment directed us at once to the proper mode of treatment, resulting in the perfect restoration of the vocal function.

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* Meyhoffer, p. 229.

† Handbuch d. Krankheiten d. Resp. App., Vierter Band, erste hælfte, p. 443.

‡ Loc. cit., p. 331.

§ Klin. Untersuchungs-Methoden, p. 455.

‖ Bosworth, Diseases of the Throat and Nose, p. 346.

¶ Klin. d. Krankh. d. Kehlkopfes, p. 462.

Case I. Mary V., German, æt. 21, in good health, was brought to me, at the throat dispensary, by Dr. O. S. Haines, April 21st, 1882, with the following history: Five days previous, while eating an orange, she swallowed a seed, which, she says, went into the larynx. This was followed by slight cough, pain, dyspnœa, and complete loss of voice.

Status Præsens.—Complete aphonia; cough dry, tickling pain during attempted phonation and deglutition; anxious expression; superficial respiration; nervous. The patient insisted that she was not able to utter a vocal sound, and that she felt a foreign body in the larynx.

A laryngoscopic examination was rendered extremely difficult by the nervous, anxious condition of the patient, and rapid superficial respiration. The organ was found perfectly normal in appearance, and the cords moved freely during respiration, but remained widely separated during phonatory attempts.

Finding no urgent symptoms, she was directed to accustom her throat to the presence of the finger, that instruments might the more easily be employed; at the same time she was assured that the affection was not serious, and that she would soon be perfectly well. She promised to return for the application of electricity on the following day, at which time the nervous condition was found much improved, and the pain in the larynx less, but the aphonia remained unchanged. I applied electricity directly to the vocal bands with the happy result desired. She spoke several words in a clear tone, after which her voice again disappeared. The application was immediately repeated, producing this time a more lasting effect; still she would occasionally whisper. I thereupon informed her it would be necessary to use a stronger current, if the whispering was not discontinued, and instructed her companion not to listen to anything which she might say, unless spoken in a clear tone, and that if she again became aphonic, she should come to me at once.

I heard nothing from her until the 25th of May, more than a month after the electrical treatment, at which time she spoke perfectly clearly, and told me she had not lost her voice since I last saw her.

Case II. Dr. C. M. Thomas requested me to examine with him a little patient with a supposed foreign body in the larynx. George S., æt. 3 years, was, two days ago, playing with a "jackstone," which slipped down the throat. The mother put her finger into the mouth in order to remove the foreign substance, but the finger, though able to touch it, was not introduced far

enough to "hook it out," but pushed the "jack" still farther down. This attempt was followed by symptoms of suffocation, stridulous breathing, cough, inability to swallow, and aphonia.

When first seen, there was stenotic respiration, the stridor being more marked on inspiration; child quiet, no attempt being made to speak or cry. Auscultation of the larynx and trachea revealed nothing of value.

In order to make a thorough examination, it was found necessary to etherize him.

The laryngoscope showed a larynx perfectly normal, save the position of the vocal bands, which was that of bilateral paralysis of the abductors, only a slit-like opening remaining between them, which opening was narrower during inspiration than expiration. A small, bulbous bougie passed easily into the stomach, thus showing the œsophagus to be free from any foreign body so large as the one described. After twenty minutes' narcosis the respiration grew a little easier, though still stridulous. No vocal sound was produced, either as the child lost consciousness, or as the influence of the ether was passing off, spasm being thereby excluded. The patient was ordered a constipating diet, and strict injunctions were given to have every passage carefully examined, as there was now little doubt as to the stomach or intestines being the seat of the metal, if it had not been previously expelled. The boy ate a hearty meal late in the afternoon, and did well, the "jack" passing two days later, with some difficulty but securely rolled in a mass of hardened fæces. No complications have since arisen, although the voice did not become normal until the fifth week after the examination, but is, at time of writing, perfectly clear.

The following case does not properly belong with those above reported, but I relate it here, because it shows how closely its symptoms simulated those found in the second case above, and how essential the laryngoscope is in the management of laryngeal affections. Without the use of the instrument this case, following closely upon the other, might have been treated as the preceding one,—expectantly—in which instance serious complications might have arisen, even causing the death of the patient, but the early employment of the mirror at once made the diagnosis clear, and thus saved all further trouble.

On June 13th, 1882, I examined, with Dr. C. M. Thomas, the little daughter of Mr. F., æt. 3 years, who, "on the morning of June 11th, got a piece of type-metal in her throat, followed by vomiting, pain, and almost complete loss of voice." On the following day, no cough, but croupy respiration and pain.

At time of examination there was found almost total aphonia, stridulous respiration, slight pain, and difficulty in swallowing. The laryngoscope revealed a metallic substance, situated obliquely above the vocal bands, and extending from the right cartilage of Wrisberg to the anterior portion of the left ary-epiglottic fold, resting directly upon the folds, with a piece at right angles to this bar, projecting down between the vocal bands, and keeping them separated, thus producing a mechanical or obstructive paralysis.

The exact position of the foreign body being revealed by the laryngoscope, its removal was rendered quite easy. The larynx presenting some inflammation of traumatic origin, the removal of the metal was not followed at once by the complete restoration of the normal functions, though an immediate improvement was noticeable. On the fourth day following the extraction, the voice and respiration became normal, and the cough and pain had disappeared.

The metallic substance was found to have the form of the letter "T," the cross-bar being 2 cm. in length, while the upright one measured 1.6 cm. The bars had an irregular outline, with an average width of 5 mm., and a thickness of 1.5 mm.

EPIDEMIC DYSENTERY.

BY F. E. DOWNEY, M.D., CLINTON, ILL.

During the summer and fall of 1880, commencing with June and ending with October, our little city was visited by an epidemic of dysentery, which prostrated upon beds of sickness, more than two hundred persons, and entailed on many families the loss of one or more members. The disease selected for its victims both old and young, as well as middle-aged, and spared no grade of society from its visitation. The largest number of cases occurred during the months of August and September, when the days were very hot and dry, and the nights cool.

In some instances the disease began as an ordinary diarrhœa, and, after continuing a day or two, the characteristic frequent stools and pain of dysentery would appear, and quickly prostrate the patient; in other cases the onset was sudden, perhaps awakening its unsuspecting victim from sound slumber and at a period of apparent good health.

It is unnecessary to go into a description of this very familiar disorder, and I will only say, in passing, that there were three very distinct kinds of complaint illustrated by my cases; one class of patients while suffering much with the usual griping pains before stool, complained only of severe tenesmus, and the usual unsatisfied feeling after the scanty rectal evacuation of bloody mucus; another class, while suffering considerably with tenesmus after stool, whether very frequent or not, seemed only to dread the terrible griping pains between the stools; and the third class suffered much pain shortly before stool, but were almost entirely free from it immediately afterwards.

These three traits were very noticeable, and suggested three remedies, which proved efficient in conquering the disease.

Between June 1st and November 1st, fifty-two cases came under my care without any deaths; recovery was complete and prompt in each case, while several cases under old-school treatment suffered more or less for several weeks after they were able to be at their usual vocations. The average duration of the disease in my cases was ten days—being the time from the commencement of the attack until they were able to be about the house—free from all dysenteric symptoms, and suffering only from prostration; strength was rapidly regained, and recovery was complete. The average duration of the disease under old-school treatment was about three weeks, with a mortality of 8 to 15 per cent., several cases terminating in chronic dysentery.

During the course of the disease there was very little rise of temperature, and the pulse in the majority of cases was subnormal during the first three days, and afterwards ranged between 90 and 110.

The frequency of the stools varied greatly. In some cases as often as every half hour, in others every hour or two hours; one case had eighty stools in twenty-four hours. In all cases, instructions were given forbidding the patient arising to the vessel during stool, but to keep the recumbent posture and receive the discharges on cloths, which were to be burned immediately. In as many cases as possible, the patient was placed in a room separated from the rest of the family, the nurse remaining in another room within call of the patient; but in many other cases, it was impossible to use any such precaution, and yet the disease did not seize upon any other member of the household.

In the treatment of the disorder, but five remedies were used,

as follows: Mercurius cor., Nux vomica, Colocynthis, Veratrum alb., and China.

Mercurius cor., in the majority of cases, was indicated from the beginning. Together with the griping pains and severe tenesmus before and after stool, the cannot-get-done feeling of the patient, the scanty secretion of urine, frequent micturition and tenesmus of the bladder, the characteristic slimy and bloody stools were observed.

Nux vomica was indicated in a class of cases of much less severity than those calling for Mer. cor.; the severer griping pains were present, as was also the tenesmus before and during the stool, but both ceased immediately after the evacuation, and the patient was comparatively free from pain. These cases were in marked contrast to those requiring Merc. cor.

Colocynthis was often given in the place of one or other of the two remedies just mentioned; particularly when between the stools the patient suffered with the griping, cutting pains of this remedy, more than from the tenesmus following or preceding the stool.

The effect of this remedy in relieving such pain was simply wonderful; in a number of cases calling for the drug, I have seen strong men pass into a quiet slumber within a few minutes after receiving a few pellets medicated with Colocynthis, and that, too, when, for hours before they had been suffering with the most intense cutting and griping pains.

Veratrum alb. was given when, during convalescence, there was a change in the stools from scanty mucus to a more profuse and watery nature, accompanied with the thirst, pains, and cold feeling in the abdomen as well as the cold sweat upon the forehead.

China was prescribed in a number of cases where a return of the diarrhœa was produced by the patient using honey, which a number of my cases seemed to have a great desire for, and which was, of course, kindly and quickly gratified by their friends or relatives.

During the course of the disease, my patients were allowed milk very freely. Stimulants were not found necessary. During convalescence, a simple diet of meat, milk and bread was prescribed, and all vegetables were prohibited. The epidemic was confined almost entirely to the city of Clinton and vicinity, within a radius of two miles. There were no more than the ordinary number of cases in towns and larger cities near us, and since that time our own visiting list has been free from such cases.

LAPPA MAJOR.—CULPEPER, 1750—JONES, 1882.

BY E. M. HALE, M.D., CHICAGO, ILL.

I WAS much interested when I read in your May number, page 292, an extract from a letter of Dr. S. A. Jones to Dr. Mohr, in which the former claims to have cured prolapsus uteri with Burdock. The "clear indications" which he gives for its use are: "Great relaxation of the tissues, atonic condition, great soreness in uterus, or ovary; urine neutral, or alkaline."

After reading this I bethought me of an old *Materia Medica*, by Nicholas Culpeper, the first edition of which was issued about the year 1750. The edition I have is the *fourteenth*, published in 1810, and edited by E. Sibley, M.D. As a matter of curiosity, and not for the purpose of lessening the value of Dr. Jones's discovery, I send you a copy of a portion of what Culpeper says of Burdock:

"Venus challenges this herb for her own, and by its seed or leaf *you may draw the womb which way you please*. Either upward by applying it to the crown of the head in case it falls out, or downward, in fits of the mother (uterine spasm? H.), by applying it to the soles of the feet; or, if you would stay it in its place, apply it to the navel, and that is likewise a good way to stay the child in it."

Now if Dr. Jones has made provings of Burdock, and found it to cause prolapsus uteri, or symptoms indicating that condition, the fact gives rise to certain curious speculations. It is well known that the old physicians had much confidence in the curative power of drugs when applied to the skin. In this way Coral was supposed to cure whooping-cough; Copper, internal cramps and choleraic discharges; Ambergris, cough and spasms; Æsculus hip., hæmorrhoids, etc. It has been verified by our school that these drugs given internally are really curative in the diseases for which they were applied externally, and I believe they are often efficacious when worn next the skin. It may be possible that the old physicians actually saw good effects from Burdock in uterine diseases when applied as above noted. Why reject such narrations? May not enough of the drug be absorbed to excite its specific curative action?

OENOTHERA BIENNIS IN CHRONIC DIARRHŒA often exerts a promptly curative influence, and the few symptoms obtained by proving, leads to the influence that its action is homœopathic. A weak decoction of the leaves, flowers, and small stems, acts better than the tincture. D.

Miscellaneous Contributions.

KNAPP'S OCULIST'S CHAIR.

BY W. H. WINSLOW, M.D., PITTSBURGH, PA.

A GOOD office operating chair is a necessity for every physician, especially if he does any surgical practice, and numerous more or less complicated machines have been manufactured for the profession. Some of them are good and some bad, the majority, perhaps, too cumbersome and complicated. Yet, there are useful chairs at reasonable prices, which make operating and enduring an operation, luxuries.

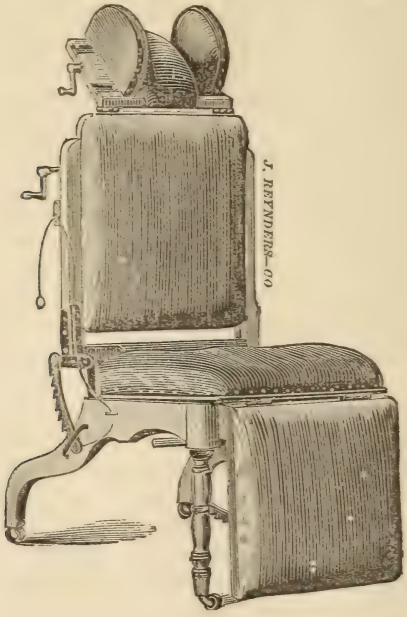
I have worked a dozen years with a sofa and a Pittsburgh, wrought-iron, procrustean chair-bed, saving my dollars, and wasting my energies. A majority of my professional contemporaries have been doing the same, but the other month a comet struck the Iron City, in the semblance of a chair-agent, and, wherever I went, the smell of paint and hog-skins, the presence of cogwheels and cranks, greeted my senses. It seemed as if the whole profession had turned gynæcologists, and every office had been prepared for observation *in speculo*. This set me to thinking, and made me a little jealous. Why should not I have a gynæcological chair for my eye cases? I had long before cast longing eyes on Knapp's Oculist's Operating Chair, and I now referred to it in the catalogue and examined it somewhat critically. The result was, that I ordered one of them from James Reynders & Co., New York. In due time it came, and now stands in the corner of my office, an object of interest to the curious, of terror to the uninitiated, and of delight to the sound and sane. This cut is a good representation:

The chair is made of the finest walnut, the metallic parts of wrought iron, well bronzed, and the cushions of reddish-brown hog-skin, well stuffed with curled hair.

The seat may be raised for children; the foot-piece may be placed at an angle, raised upon a level with the seat, and drawn out to suit the length of the legs. The back can be raised or lowered to correspond with the position of the patient's head, and it can be inclined at convenient angles from perpendicular to horizontal, to support the body. The head-piece and jaws move so that the head may be fixed firmly in one position, and the face turned backward at any angle from the trunk, thus greatly facilitating operations upon the eye and face. Straps may be passed around the arms and legs, the head screwed in

the jaws, and the most obstreperous person made docile for any length of time.

The chair does not take up more room than any arm-chair would, yet it serves as a common piece of furniture, a reclining chair, a lounge, a bed, and an impromptu stocks. Since I



have made use of this cute invention, I wonder how I have done so long without it. I am sure it is invaluable to the oculist, and Dr. Seip thinks it would do very well for a gynæcologist, though there are no stirrups for riding a hobby.

AMERICAN PÆDOLOGICAL SOCIETY—THIRD ANNUAL SESSION.

The third annual session of this society began at Indianapolis, Ind., June 14th, 1882, at ten o'clock A.M. The president, Dr. Lilienthal, being absent in Europe, and the vice-president being unable to attend, Dr. Tooker, of Chicago, was elected to fill the vacancy.

After the reading of the minutes of the last meeting, the names of Drs. M. M. Eaton, Cincinnati, S. P. Hedges, Chicago, Lemuel C. Grosvenor, Chicago, and Anna Warren, Em-

poria, Kansas, were proposed by the Board of Censors, and the candidates elected to membership.

Dr. Tooker then read an able paper* on "Capillary Bronchitis," by Dr. Martin Deschere, of New York.

Dr. Owens, of Cincinnati, opened the discussion. He maintained that the leading indication for Aconite was restlessness; for Ipecacuanha, in this disease, asthmatic breathing; and, for Phosphorus, aggravation by any sudden change of temperature, whether from warm to cold, or *vice versa*. This indication for Phosphorus should never be forgotten.

Dr. Mills, of Chicago, considered Kali bichr. a very important remedy. Wheezing, without an actual asthmatic condition, was a leading indication. He usually gave the 200th. In Ipecacuanha there was great neurotic disturbance.

Dr. Duncan thought capillary bronchitis could not properly be classed as a distinct disease. He regarded it as rather the third stage of broncho-pneumonia. The history of the case was the best guide. He gave a diagnosis of the various stages, and the indications for a number of remedies.

Dr. S. P. Hedges thought the paper was a very fine one. He considered the disease a very formidable one, and differed with Dr. Duncan as to its pathology and history. He believed it might be acute, and even be developed in a single night. Cases should be watched very closely, and the respiration and pulse anxiously counted, for the more frequent these are, the greater the danger. He had had most satisfactory results from the use of Belladonna in this affection, and considered Belladonna and Tartar emetic, next to Aconite, the leading remedies. After remarks from several others, the society adjourned to meet again at 2 P.M.

At the *afternoon session* the subject of "Capillary Bronchitis" was again taken up. After various remarks by different members upon the nomenclature of the disease, and its relation to pneumonia—

Dr. Eaton arose. He thought he had certainly seen pneumonia in infants. Thought it made little practical difference whether we named the disease capillary bronchitis or pneumonia. The treatment would be as indicated in either case. Thought cases were apt to be more or less complicated. Nux vomica was apt to be highly beneficial when the stomach and bowels participated, especially if there was much fretfulness, with loss of appetite, and more or less cough.

Dr. Cowperthwaite saw no necessity for differentiating

* See next number of this journal.

between these two, when speaking to the friends of the little patient, since few were able to comprehend the difference, and when speaking to laymen, he generally called both lung fever. In treating capillary bronchitis, he had used Tartar emetic with excellent results.

Dr. Tooker related a case of lobular pneumonia in a child two years old, and gave his reasons for the diagnosis. He spoke of the frequent changes of pulse and temperature, indicative of pulmonary difficulties, especially in small children. Dr. Eaton approved of Tartar emetic as an important remedy.

Dr. Armstrong described a case of capillary bronchitis occurring as a complication of whooping-cough, in which the respiration, when he was first called, ranged from 110 to 114 per minute, and, for several days thereafter, varied from 90 to 98, and which finally recovered. The remedies which seemed most beneficial were Tartar emetic and Lycopodium, the fan-like motion of the *alæ nasi* being the indication for the last-named medicine.

Drs. Mills, Cranch, Hedges, and others also participated in the discussion.

Night Session.—After the close of the evening session of the American Institute, the society again met at 11 o'clock P.M., Dr. Eaton acting as secretary in Dr. Armstrong's absence. About thirty physicians were present.

Dr. Tooker presented and read an instructive paper on "Cereal Foods for Infants."

Dr. Grosvenor opened the discussion. He mainly used Horlick's food, and oatmeal without sweetening.

Dr. Owens abominated artificial food. He deprecated the use of potash in them, and had known of many serious results from their use.

Dr. Duncan says that soda is now used in Horlick's food, instead of potash.

Dr. Eaton believed in consulting the child's taste. Let them eat what they want. Anointing with sweet oil is sometimes a means of nutrition. Sometimes the young and puny child will begin to flourish under the sucking of boiled fat pork.

Dr. Mills had had good results from Horlick's food.

Dr. Peck advocated Horlick's food. Ridge's was not a favorite with him.

The discussion was continued until 1 o'clock A.M., when the society adjourned.

JUNE 15TH.—The society reassembled at 2 o'clock P.M., Drs. J. C. Lewis, Frankford, Philadelphia, T. Franklin Smith, New York, and George M. Ockford, Vincennes, Indiana, were elected to membership.

Dr. T. C. Duncan gave a synopsis of his paper on "Diphtheritic Croup," which was followed by a short discussion, in which most of those present took part.

The following officers were then elected for the coming year:

President, R. N. Tooker, M.D., Chicago.

Vice-President, T. Franklin Smith, M.D., New York.

Secretary and Treasurer, Lemuel C. Grosvenor, M.D., Chicago.

The censors, constituting the old board, were re-elected.

The society then adjourned, to meet again on the day preceding the next annual session of the American Institute of Homœopathy.

W. P. ARMSTRONG, M.D.
Secretary.

ETHICS TWENTY YEARS AGO AND NOW.

BY ONE OF THE SEMI-ANCIENTS.

WHAT craft has not its code of ethics? What brotherhood has not its brotherly compliments? It is even said that there is "honor among thieves," and, following the natural congenialities of a common cause, it appears that even physicians have a code of ethics, the principles and practice of which are taught and inculcated in medical colleges.

The day's work was done; the last evening caller—it was Mrs. Fullagab with her teething baby—had departed; the house was locked up for the night (?); my wife had retired, with her usual parting injunction, "Don't sit up, and read all night," and my usual fib, "No, I'm coming to bed in a few minutes,"—and then, being very tired, I propped myself back in my easy chair, not to read, but to muse awhile on certain events of the day, the character of which led, naturally, to a mental retrospect of some of my college teachings. Gradually I lost all consciousness of surrounding objects,—so intense was my reverie,—and found myself back again in the office of one of my professors, undergoing the ordeal of examination.

Professor.—"Suppose you are called upon in a case of emergency to visit a patient, what should be your course in the case?"

Candidate.—"Afford all the relief possible, and advise the family to send for their regularly attending physician."

Professor.—"Suppose the family seem indifferent about doing so?"

Candidate.—"I should insist upon it."

Professor.—"Why should you be so particular?"

Candidate.—"Partly, to teach them their duty to their family physician, and because it would give me a better standing for honorable dealing, and, in the event of unforeseen fatality in the case, I would be relieved from possible embarrassment."

Professor.—"In withdrawing from the house, would you be careful to leave your card?"

Candidate.—"No, sir."

Professor.—"Suppose you should be called to attend in a family, during the illness of the regular attendant, or during his absence from home for a short time, what would be your duty?"

Candidate.—"To take charge of the case, and either transfer it to the family physician upon his return or recovery,—as the case might be,—or, to make return to him in the event of having attended the patient until recovery."

Professor.—"What motives would govern you in such proceedings?"

Candidate.—"Professional courtesy, or, in other words, the precepts of the 'Golden Rule,' which applies to our professional relations as well as to the ordinary associations of life."

Professor.—"In case you are called upon by a brother practitioner to assist him, either during his indisposition, or during his temporary absence, would you endeavor to make yourself prominent among his patients?"

Candidate.—"No, sir."

Professor.—"While thus in charge of his practice, what would be your course in reference to any *new* patients, who might present themselves? Attend them as his patients, or make arrangements to secure them to yourself?"

Candidate.—"It would be my duty to attend them only as his patients, and afterwards to refer them to him, to whom they had been recommended."

Professor.—"Well, sir, your answers are correct, and, if you adhere to the course which you have thus laid down, you will not only secure the confidence and respect of your fellow-physicians, but you will possess within your own breast a consciousness of having fulfilled the requirements of the golden rule, which will be far more grateful to you than the acquirement of any slight pecuniary gain, which might accrue to you by pursuing an opposite course."

And now a change came over the spirit of my dream, and the scene changed. The professor's office became a public hall; new and strange faces surrounded me; I was in the presence of a modern medical society. Many of the members were younger than myself; a few—alas, were older.

The subject for consideration was the adoption of a code of ethics. For some reason, which did not then suggest itself to me, but which now appears plain, it was ordered that this code be not committed to paper, but that each member commit it to memory, as it was rehearsed from the chair. I was able to remember only a small part of it, which ran as follows:

ARTICLE 17TH.—It shall be the duty of each member when called to an emergency case, belonging to a brother practitioner, to give it his best attention cheerfully, and as cheerfully to retain the case if possible.

ARTICLE 18TH.—He shall carefully foster and cultivate any feelings of indifference or distrust towards the family physician, with heroic disregard of any possible embarrassment, likely to arise between himself and his professional brother.

ARTICLE 19TH.—Upon visiting in any capacity or relation whatsoever, a family in charge of a brother practitioner, any member of this society, who fails either to leave his card, or to slip it under the door after dark on the same evening, shall be immediately expelled from our brotherhood, unless he can show that the family is very poor.

ARTICLE 20TH.—A member, attending the practice of a medical brother, during said brother's illness or prolonged absence, shall make himself as "useful," and as popular as possible, especially with the children. All *new* patients, coming under treatment at such a time, are to be retained by the physician in actual attendance, if possible.

ARTICLE 21ST.—Members, in all their relations, shall be governed by the Golden Rule, as amended and improved by this society, viz.: "Do unto yourself better than you do unto anybody else."

ARTICLE 22D.—Members shall—"I thought you were 'coming to bed in a few minutes,' and you've been asleep in your chair these two hours."—So I awoke, and behold! it was a dream. *How* I wish it had been *all* a dream!

PROLAPSUS UTERI has been treated by Dr. Alexander (*Med Times and Gazette*) in four cases, by cutting down upon the abdominal rings and cautiously "pulling out the slack of the round ligaments."

WINSLOW ON "THE LYCOPODIUM FALLACY."—WAS THE PAPER "SUPPRESSED?"

LETTERS FROM DRS. W. L. BREYFOGLE AND W. H. WINSLOW.

LOUISVILLE, KY., July 5th, 1882.

EDITORS HAHNEMANNIAN MONTHLY.

GENTLEMEN: In your July issue, I notice as a preface to Dr. W. H. Winslow's very able paper on the "Lycopodium Fallacy," the following words: "This paper was presented to the Bureau of Microscopy, at the meeting of the American Institute of Homœopathy, June, 1882, and suppressed by the Chairman."

Believing that you would not willingly do an act of injustice, and knowing that you cannot be familiar with the facts in the case, permit me to offer the following statement:

The report of the Bureau of Microscopy, by special request and a suspension of rules, was made the "special order" for 8 o'clock on Wednesday evening. At that hour promptly, the Chairman of the Bureau, J. Edwards Smith, M.D., announced that "he had the pleasure of presenting the papers of Drs. C. Wesselhœft, W. H. Winslow, E. Rushmore, R. R. Gregg, A. S. Couch, J. C. Morgan, and also one of his own." At a suggestion of my own, all papers from members of the Bureau, not present, were ordered read by title and referred. The Chairman, Dr. Smith, *then called for Dr. Winslow*, who was not in the Opera House (nor was his paper in the hands of the chairman). Dr. R. R. Gregg was then called for, and invited to read his paper, which was followed immediately by that of Dr. Smith. As the latter required one hour's time for its delivery, after a brief discussion, the Bureau was ordered closed.

I am quite sure it was through no fault of the *Chairman*, that Dr. Winslow did not read his paper, and I am equally certain that we should have all been delighted to have heard it read, especially as it fully corroborated the investigations of others engaged in the same work.

The fault seems to me to lie, *first*, in the fact that Dr. Winslow was not present when his name was called, and *second*, in too hasty action on the part of the Institute *in referring papers*.

Under the circumstances no blame should attach itself to the Chairman of the Bureau, and had Dr. Winslow not withdrawn his paper from the Institute, it would have appeared in its proper place in the *Transactions*.

Very fraternally, WILLIAM L. BREYFOGLE, M.D.,
Prest. Am. Inst. of Homœopathy.

PITTSBURGH, July, 1882.

DEAR EDITOR: The above letter, which you have submitted to me in order to dispose of a disagreeable subject promptly, I have carefully considered. In the caption to my "Lycopodium Fallacy," I charged its suppression to the Chairman of the Bureau, not to the President of the Institute, and I am surprised that the latter should undertake to defend an infamous act, especially when he is so ignorant of the facts.

The first error in the above letter is in reference to the motion made by "some delegate." His motion referred all papers of the bureau, *except the first and last, as requested by Dr. Smith.*

The chairman *did not call for Dr. Winslow*, who was in the vestibule, and who walked down the main aisle to within eight rows of seats of the stage *five minutes* after Dr. Gregg began his paper. Here he learned to his astonishment, from Dr. J. H. McClelland, that Dr. Smith had requested, at the very opening, that all the papers except the first and last be referred. I will show that it *was the fault of the chairman* that the paper was not read, and that the Institute was no hastier than he in referring papers.

I present an exact copy of the stenographic report of the proceedings in reference to these matters:

"EVENING SESSION, SECOND DAY.

"*The President*, W. L. BREYFOGLE, in the Chair.

"THE PRESIDENT: The Institute will please come to order.

"The special business for this evening, is the consideration of the report of the Bureau of Microscopy and Histology. Professor J. Edwards Smith, M.D., Chairman of that Bureau, will now make his report.

"PROFESSOR J. EDWARDS SMITH: *Mr. President, and Ladies and Gentlemen of the Institute:* The Bureau of Microscopy and Histology has been during the last twelve months, rather an active one. We have much more matter to present at this session than I believe has occurred at any similar session for several years.

"As the chairman of that bureau, I have the pleasure of presenting for your consideration, seven papers. I will first read these by title."

Here follows the titles of the papers, with the names of their authors. DR. SMITH then said,

"Acting under advice, I regard it as the better plan, that

all of these papers, with the exception of the first and the last, be referred to the Committee of Publication.

"By the force of certain considerations, which I will not take the time to elucidate, that Dr. Gregg be permitted to read a synopsis of his paper, after which I will read my own paper, and I hope to have some one make a motion to that effect.

"DR. OCKFORD: I make a motion to that effect, that the papers of Drs. Gregg and Smith be read, and that the other papers of this bureau be read by title, and be referred to the Committee of Publication. Carried.

"THE PRESIDENT: It is in order, then, for Dr. Gregg to read his paper. The Chairman will call on Dr. Gregg to read his paper first."

Dr. Gregg now read his paper, and Dr. Smith followed immediately with his own.

Then,

"DR. WINSLOW: I understand that my name was called. I have a five-minute paper.

"THE PRESIDENT: The balance of the papers were referred, by motion,—that is all!"

That is about all I have to say too, Mr. Editor. There is the official record complete. No one can falsify it safely. My name was called as the author of a paper, and at no other time. President Breyfogle's letter is full of error, because he believes the explanation that Ex-Professor Smith has made to him and myself.

"It thus appears from President Breyfogle's letter, that his "suggestion" was to refer *four* of the papers—their authors not being in attendance at the session—and to read the other three, viz.: Dr. Gregg's, Dr. Smith's, *and my own*, else, why should he say that "Dr. Winslow was then called for?" But the stenographer's report shows that the Bureau Chairman *followed no such suggestion, but prevented the reading of a paper without regard to the presence or absence of its author.* It was queer treatment for *the only paper*, presented by its author in person, *on pure microscopy.*

Respectfully,

DR. W. H. WINSLOW.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., August, 1882. No. 8.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

AN UNSEEMLY DISCUSSION.—Whatever opinion may prevail respecting the skill and judgment shown in the treatment of President Garfield, the Congressional discussion of the subject, *pro* or *con*, is, to our mind, in exceedingly bad taste. When people employ a physician it is but just and decent that they shall pay his just bills, and the question of what a just bill is, is not to be determined by the results of his treatment in any case, except where a special agreement has been entered into. In the President's case, the sad ending of the struggle in his behalf does not affect the question of compensation for his surgeons in the slightest degree. These physicians and surgeons were employed with the expectation and understanding that they were to use their best endeavors (whatever these might be) to save the patient's life and prevent avoidable suffering. This much they did, and the discussion of their methods of treatment in connection with the subject of compensation looks like a search for pretexts to avoid the payment of an honest debt. Let Congress audit and pay the bills *first*, and *then* they can discuss the surgical problems of the case without violating the proprieties.

A word as to the *amount* of the surgeons' claims. We are not going to say whether these claims are exorbitant or not; even if they are unusually large, they ought to be paid without grumbling, as we think we can abundantly show.

It will be remembered that two of the surgeons summoned to the case, were men possessed of reputation as wide as is the knowledge of surgery itself, and they were summoned *because* of their reputation. There may have been young surgeons in and about Washington who would have treated the patient as well as, or better than they, and been satisfied with a fee of a few hundred dollars. This fact was probably well known to the personal and official friends of the patient. It was also known that the fees of *distinguished* surgeons, physicians and lawyers are not fixed either by the rules which govern men of but ordinary reputation, or by the comparative skill and knowledge possessed by these famous gentlemen. One surgeon charges one hundred and another one thousand dollars for the same operation, yet many persons, knowing that there can be little, if any, difference between them as respects skill, prefer the high-priced man simply because of his reputation, and the law, very properly, compels them to pay his enormous fees. The fact that the other man would have done the work as well for one-tenth of the money does not touch the question at issue.

It almost always happens when an ordinary practitioner is associated in the treatment of a case with another who is known as "distinguished,"—which seems to be but another term for "high-priced,"—that the fees of the former are to some extent regulated by those of the latter. Few attending physicians can be satisfied with a fee of two dollars per visit, when a consultant comes in and receives his twenty-five or fifty. The attendant, who perhaps is aware that his superior in reputation is by far his inferior in knowledge, or who feels the force of Dr. Holmes's description of a consultation,—

> "At best a talk (the secret to disclose),
> Where three men guess, and *sometimes* one man knows,"—

is very apt to esteem his own ceaseless and responsible toil in the patient's behalf, as far outweighing the spasmodic efforts of the best consultant that ever lived. Hence no one need be surprised that, in the President's case, the claims of the attendants are higher than those of the consultants, as, in many cases, they ought to be.

Finally, without undertaking to decide as to the amount

which President Garfield's medical advisers should receive, we simply ask any one of the prominent lawyers in Congress to imagine himself suddenly summoned by a powerful and wealthy government, to give his highest, broadest, deepest, intensest powers, to exercise the utmost legal skill his profession can furnish, to surrender his entire time and thought and physical energy for three months,—all this on a subject upon which the earnest thought and interest and hopes of a whole nation, aye, of a whole world, are centred, and with the fiercely critical eye of his whole profession upon him, scrutinizing his every act and every word;—what would such a lawyer say of men who should dare dispute his claim for compensation such as that proposed for the surgeons of the late President Garfield?

Who Introduced Nitro-Glycerine?—In the April number of the Philadelphia *Medical News*, Dr. Allen McLane Hamilton, speaking of Nitro-glycerine as a new remedy, says: "The drug was used many years ago, and articles, detailing its physiological effects, were written as far back as 1855."

"I wish now," he continues, "to claim priority in suggesting its use in the treatment of various nervous diseases, including epilepsy and migraine, in appreciable doses. Dr. A. J. Miner and I conducted a series of experiments in 1875, which were subsequently published. I afterwards suggested its use in epilepsy, and see no reason to change the views I then enunciated, viz., that it was an excellent substitute for Amyl nitrite, that it was serviceable as an abortant in epilepsy, and was of great benefit in sick headaches." Dr. Hamilton then rehearses the symptoms experienced by himself from swallowing one drop of pure Nitro-glycerine: "The initial disturbance was a feeling of indescribable head-fulness, a galloping, full pulse, an impending confusion, which deepened into semi-consciousness and temporary blindness. I was intensely sensitive to noises, and the laying of a friend's hand upon my shoulder caused me to start violently forward. This condition passed off in a few minutes after a solution of Bromide of Sodium had been taken, and was followed by protracted vomiting, which was almost of a cerebral character. For several days I suffered from after-effects, such as attacks of dizziness, transient blindness, and great weakness of the lower extremities."

Dr. Hamilton is evidently lacking in important information upon this subject, and we wish to enlighten him and his readers. *First.* The drug was used "in the treatment of va-

rious nervous disorders, including epilepsy and migraine," and often "in appreciable doses," by scores and, perhaps, hundreds of physicians long before his "experiments" were made in 1875. *Secondly.* In the year preceding his experiments (viz., in 1874) Dr. C. Hering, who had studied the drug in 1848, commenced the publication in the *N. E. Med. Gazette*, of a *revision of a monograph* on "Glonoine" (Nitro-glycerine), in which he details the results of "physiological experiments" *made by no less than a hundred and twenty-one different persons, a large portion of whom were physicians. Thirdly.* That every symptom, mentioned by Dr. Hamilton, had been previously obtained by numerous experimenters, and they were all in print *at that time.*

Now, having given Dr. Hamilton this information—and we shall not present a bill for it—will he be kind enough to enlighten *us* a little? We wish to know exactly by what process of reasoning or observation he was led to prescribe Nitro-glycerine in epilepsy, after having observed it to cause "a feeling of indescribable head-fulness, a galloping, full pulse, an impending confusion, which deepened into semi-consciousness and temporary blindness?" Also, by what mental process he was persuaded to try, in "sick-headache," a drug, which, in addition to the above symptoms, caused in his own person, "protracted vomiting, which was *almost* (?) of a cerebral character, with dizziness, transient blindness, and great weakness of the lower extremities?" We know exactly how Hering, Dudgeon and their co-experimenters were led to prescribe it for just these same conditions, but how did Dr. Hamilton attain to such conclusions? Of course, he will not say it was "experience" *this* time, because he admits that there was no such experience in existence, or, as he himself puts it, he "claims priority in (even) *suggesting* its use" in such cases. His explanation will constitute the most interesting chapter in the whole allopathic Materia Medica.

The Case of Dr. Van Valzah, as reported in our news pages, shows just how much honesty there is in the claim of the allopathic school, to accept valuable therapeutic information from any and all sources. One of their own number, after being unsuccessfully treated for months under their methods, is rapidly recovering under treatment prescribed by a homœopathist. Forthwith a delegation is sent to him, not to congratulate and rejoice with their friend and fellow-laborer, not to inquire as to his treatment, not to learn of the remedies employed in order to publish them at once for the benefit of

the profession and of humanity; no; their visit is to demand that he shall discontinue the use of the remedies which are restoring him to health. In other words, that he shall surrender his life rather than be cured by a homœopathic physician with homœopathic medicine.

In view of the charge of exclusivism, preferred by allopaths against other medical sects, this cool procedure of the Jefferson College faculty is rather amusing. The most that can be said of homœopathic exclusiveness is that it operates "by preference," as it were; *i. e.*, we use homœopathy more or less exclusively in practice, not because other systems may not have some good in them, but because we believe homœopathic treatment to be *the best* of all methods, and our obligations to our patients requires us to do for them our best under all circumstances. If we are to judge allopathy by the conduct of the Jefferson College faculty, she carries *her* exclusivism farther than does the most bigoted homœopathy that we know of. Homœopathy is willing to accept allopathy for what it can accomplish, and no more. Allopathy says of homœopathy: "I will have none of it, no matter what its merits, or what its capabilities."

All homœopathic physicians know, of course, that the allopath's charge of exclusivism is merely a pretext,—a very flimsy and transparent pretext,—for denouncing and opposing homœopathy, and they also know that, practically, the allopathic sect is the only exclusive medical sect in the world. Still, it is well enough for us to treasure up these evidences, as they present themselves. They will come handy at the proper time when we wish to lay them before the public, and before the legal authorities.

Notes and Comments.

Plain Talks on Avoided Subjects is the title of a small work from the pen of Dr. H. N. Guernsey, shortly to be issued by F. A. Davis & Co. of Philadelphia.

The Oldest Medical Work Extant is a roll of papyrus, supposed to have been written 1522 B. C. The author is believed to be the great Thoth, who was deified by the Egyptians.—*Literary Microcosm.*

Mediæval Thraldom is a term recently used by an allopathic editor to define the condition of his branch of the profession, under the restrictions of his code of ethics. A homœopathic journalist could not have discovered a better mode of expressing the fact.

Dr. J. J. Woodward, of the Surgeon-General's office U. S. Army, is absent in Europe in the hope of improving his greatly impaired health.

The homœopathic profession will heartily join with the allopathic school in the earnest wish for his complete recovery. His services to medical science are too valuable to lose.

What's the Use?—Dr. Octerlony (allopath), of Louisville, Ky., complains that homœopathy makes no discoveries in medical science. Well, where is the use of homœopathists making discoveries now? Fifty years hence, some allopath will come along and discover the same things over again, and just look what a waste of energy!

The Retirement of Surgeon-General Barnes, which is announced in our "News" pages this month, will scarcely occasion regret among the more honest and progressive members of the medical profession. An official, who sets himself and his personal opinions and preferences above the will and wish of the people, can be spared at any time, and the sooner he vacates his office the better.

On the Origin of Literary Species.—"If, again, a man, medical or otherwise, shall be tempted of the devil to disprove the time-honored truism, '*Ex nihilo nihil fit*,' he, too, will beget a book. Now and then, even *so*, a *medical* book is begotten. And when such an author has emptied himself into his book, he has created a vacuum, for which his Maker must be held blameless."—Dr. S. A. Jones, in the *American Observer*.

Ethical.—In due course of time it will come to be understood, we have no doubt, that the relations of man to man form no part of the proper business of such a body as the American Medical Association.—*New York Medical Journal and Obstetrical Review*. If our contemporary had said, "*any* medical association," he would have agreed with the Hahnemannian Monthly (see April issue), and would, of course, have been exactly right.

Pinkeye killed a valuable Allentown horse with a record of 2.30.—*Philadelphia Inquirer*, July 12th, 1882.

This reminds us of a quotation, which Hodgson makes from a Connecticut paper: "He blew out his brains, after bidding his wife good-by with a shot-gun."

The same author also quotes from a French paper: "One of the combatants was unhurt, and the other sustained a wound *in the arm of no importance*." Was this a supernumerary arm?—Eds.

Waiting for Elias.—"May we not hope that some day in the near future, another Newton shall rise who will do for medicine what the first did for anatomy (astronomy?), and decipher that yet hidden law inscribed by the Almighty upon the page of nature, which shall give unity to our methods and precision to our results!"—*Dr. Octerlony, before the American Medical Association* (see Matthew's Gospel, xvii, 12). Does not the doctor know that when the aforesaid medical Newton does come, he will be kicked out of the American Medical Association for practicing under an "exclusive dogma?"

The Assassin who murdered a President for spite, and who blasphemed his Maker during his whole trial and imprisonment, remained true to his diabolical instincts to the last. He died cursing the people he had so basely injured, and blaspheming the name of the Creator he so glibly professed to serve; and he may be at the same business now. It seems incredible that such indescribable depravity as his can ever constitute its own best excuse; yet such it must be, if that worthless wretch was simply insane, and not purely devilish, for his warmest (medical) friends have found not the slightest evidence of his insanity except in the manifestations of his inherent wickedness.

A Well-merited Honor.—The honorary degree of Doctor of Philosophy was recently conferred upon Superintendent Selden H. Talcott, of the Middletown Asylum, by Hamilton College, from which he was graduated in 1867. The honor was a complete surprise to the recipient, and being bestowed by his Alma Mater, will be all the more appreciated. These honorary titles have been cheapened somewhat of late by the fact of their indiscriminate granting by weak and obscure institutions, which took such means to replenish their treasuries. Hamilton, and, in fact, all the well-known Eastern colleges have been very sparing of these honors, however, and when bestowed they are to be valued accordingly. In this case it is worthily conferred. The doctor's full name appears in the list as "Selden Haines Talcott, A.M., M.D., Ph.D."—*Middletown Daily Press.*

President Garfield's Surgical Treatment.—We have received a pamphlet, entitled "Excerpts from Opinions of Distinguished Medical Men in This and Other Countries, Justifying the Treatment of the Late President Garfield." It is published by Gibson Brothers, Washington, D. C., and furnishes a very excellent presentation of one side of the controversy, respecting the skilful or unskilful treatment of the late President. Accompanying the pamphlet is a circular letter, containing the letters from the Secretaries of War and Navy to the President's physician, in support of his claim that he held his position with the full consent and authority of the President and his family. As this claim is emphatically disputed by Dr. Boynton, and by Mrs. Garfield herself, the proof will have to be of an entirely different character from that furnished by Secretaries Hunt and Lincoln.

Charge and Counter-charge.—At the last meeting of the American Medical Association, one of the speakers declared that the (so-called) "irregular" schools of medicine "have not made a single contribution to anatomy, physiology, histology, chemistry, pathology, etiology, and public hygiene." Without stopping to contradict this palpable lie, it may be replied on the other hand, and this time with perfect truth, that the allopathic school has not made, by purely scientific processes, a single discovery in the practical application of drugs to the actual *cure* of diseases. All that she has acquired during the past two decades, she has discovered by accident, or gathered from the crude experimentation of wild Indians or wild negroes, from domestic practice, and from the prescriptions of advertising quacks, or she has deliberately stolen it from homœopathy and eclecticism. In the application of drugs to the cure of disease and in investigations into the properties of drugs, homœopathy, with a handful of adherents, has done more in seventy-five years than allopathy with all her boasted wisdom, her opportunities, and her multitude of supporters has accomplished in forty centuries, and more than she will accomplish in the forty centuries to come.

Unpalatable Truth.—In the course of a vigorous article by Dr. Morgan J. Rhees, in the Wheeling *News Letter* of July 2d, 1882, occurs the following passage:

"These are good reasons why there should be no restriction on consultations. But there is a still better reason, and one that ought to be conclusive to any true American. This rule of the medical societies is destructive of personal liberty and ought not to be submitted to for one moment by any high-minded freeman. It is a relic of the dark ages. It is an outgrowth of the same spirit which sought in former times to control the religious belief of mankind. The same bigotry and intolerance which once would have forbidden me to associate with or countenance in any way one whom the church chose to stigmatize as a heretic, and which would, if still in power, burn me for being a Disciple, or you for being a Methodist or Presbyterian, still lingers in what is called the 'liberal' profession of medicine, and

seeks to ostracise me because I avail myself of the inalienable right of a free American citizen to think for myself and to believe what, after honest and diligent inquiry, seems to me true; and I doubt not, if the American Medical Association had the power, it would burn at the stake every adherent of homœopathy in the land."

At Loggerheads.—"Now, the New York State Society and the National Association," says the *New York* (Allopathic) *Medical Journal and Obstetrical Review*, "are fairly at Loggerheads. Of course, such a state of things is to be regretted. Still, the struggle between right and wrong in this matter had to come sooner or later, and we trust that no maudlin sentimentality will interfere with its being fought out to the end. It is better that the State of New York should stand aloof from the American Medical Association forever than retreat from the just stand it has made, or falter in the demolition of the mediæval thraldom, in which the old code so lately shrouded it. We are confident that no such pusillanimous act will be committed at Albany next winter. The adoption of the new code was deliberate, the meeting at which it took place was an unusually large one, and it was generally known that the matter would come up for action. It is scarcely warrantable to say, therefore, as some of our contemporaries have said, that the measure was sprung upon the society by a small minority. The document was adopted by a two-thirds vote, under the circumstances we have mentioned. Notwithstanding the hue and cry that has lately been raised then, the rhetoric of a few individuals, and the disapproval that is said to have been expressed by some of the constituent county societies, we repeat our conviction that the action will not be rescinded."

Newspaper Opinions on the Surgeon-General's Action.—The publication in the July Hahnemannian of the letters from the Surgeon-General of the Army, declaring his purpose and practice of discriminating against all physicians, whose medical views do not coincide with his own, has brought the matter to the attention of the newspaper press of the country, and of our senators and representatives in Congress. As examples of newspaper opinion on this subject, we present the following:

Surgeon-General Barnes, like many other beaureaucrats, makes a mistake in one important premise; the medical attendance he speaks of is furnished by the people, and not by a special entity, called the government, which he thinks he represents. This being the case, Mr. Barnes will find that his own personal prejudices, or the code laid down by the school of medicine to which he belongs, cannot be made the gauge of an applicant's fitness to fill the post of surgeon. The Secretary of the Navy recognizes the fact that the law does not give any advantage to one school of medicine over another, but Mr. Barnes apparently does not. There is a school of medicine, known as the Allopathic School, and there is another, known as the Homœopathic School; both have their enthusiastic adherents, their successful practitioners, their hospitals and colleges. One of these schools, from its greater age, sometimes claims a superiority over the other, and tries to treat it as a foolish experiment, possessing no scientific value. The allopathists deny even that homœopathy should be regarded as a school, but insist that its advocates should be treated as impostors, with whom no "regular" physician should disgrace himself by holding any professional consultation. If the old-school physicians really believe that such an attitude is a proper one, in view of the success of the homœopathic treatment, they have a perfect right to maintain it, but there is a limit to their power when they seek to use it in controlling the appointments of army and navy surgeons. There are very many believers in the system of Hahnemann, and until there shall be discovered some infallible authority to determine which of the two schools is nearest right, it is a little early for Surgeon-General Barnes to assume that authority himself.—*Philadelphia Record.*

There are so many patients now, who prefer homœopathic treatment, and so many homœopathic doctors, who are learned in the practice of both schools—to say nothing of those who, having studied both, have settled upon an eclectic system—that it will no longer do for persons in authority to discriminate in favor of any; still less may they decide, as a high officer did not long ago, "that there is but one school of medicine." There are several schools, and, if courtesy will not compel those who practice in the oldest to recognize the others, the law should. In this age of the world, no man has the right to arrogate to himself and his set supreme authority to decide on any subject; least of all, on one which admits such wide differences of opinion, as the practice of medicine.—*Philadelphia Evening Bulletin.*

New Publications.

Eaton's Domestic Practice, For Parents and Nurses. Illutrated. By Morton M. Eaton, M.D. Cincinnati, Ohio; Boericke & Tafel. 1882.

This is the rather tautological title of a domestic work of about 700 pages. It is substantially bound and beautifully printed in bold, readable type, and illustrated with fifty-six cuts, anatomical and pathological. The work offers to parents and nurses instruction in physiology, anatomy, and in many diseases of adults and children. Considerable space is devoted to diseases peculiar to women. The book includes several affections uncommon in works of the kind, among which are gonorrhœa, syphilis, and seminal emissions.

The book opens with a dictionary of medical terms. This is very useful. Then follow introductory remarks, chiefly explanatory. We commend the page on "Choice of a physician." It sounds just like Dr. Eaton. The next chapter acquaints the reader with some particulars in anatomy, with twenty-one cuts. Then follows an illustrated chapter on physiology and hygiene Chapter IV begins the consideration of diseases.

Dr. Eaton writes in an unpretending but interesting way, and his book contains much instructive matter.

Homœopathy, as represented in the book before us, is not precisely the system taught by Hahnemann, and popularized among the laity in the *Domestic Physicians* of Hering, Laurie, Johnson, etc. It includes the employment of inhalations and of antiseptics. Thus, nasal catarrh, consumption, and laryngitis are treated with Iodine, Kali chlor., etc., in spray. Membranous croup, if based on "a morbid condition of the general system," also cholera, diphtheria, scarlatina, childbed fever, etc., are treated with Kali chlor., Garbolic acid, etc. "The need for antiseptics in these disease is great; without their use I would not take the responsibility of a case." (Page 362.)

This is unfair to homœopathy, and unsafe advice for the laity. It will tend to diminish the popularity of our system of cure, and may irreparably damage a class of cases difficult enough of treatment without any additional complications.

Many ailments are tersely described, and as tersely treated. But some are defective, failing to sustain the expressed purpose of the book. Under

pleurodynia, several second class drugs are named, while the only remedy usually needed, Ran. bulb., is omitted. So, in erysipelas, Rhus is slighted; also, Rhus in lumbago. In measles, the time-honored Puls. receives little attention, while Gelsem. is neglected altogether.

So dangerous a malady as ophthalmia of infants is dismissed without a word of warning, and with the ineffective therapy: Milk injections, Acon., Bell., and Calc.

Some drugs recommended approximate too nearly to the toxic to be trusted to non-professionals. Thus Acon. 1^{x}, Merc. corros. 3^{x}. Concerning the latter, Heinigke, who is a low-potency physician, gives the following wholesome advice: "Be it emphatically remarked that it is not advisable to employ this highly important and very efficacious remedy below the 3^{d} centes. trituration." If this is a needed caution for physicians how much more is it needed for parents and nurses!

Venereal diseases form no part of a domestic physician, and their consideration here impairs the usefulness of the book. Even if they were admissible we protest against the treatment advised as unhomœopathic and positively injurious. It is always bad practice to cauterize a chancre; it is especially so in ignorant hands.

The article on Chloroform is pernicious. So dangerous an anæsthetic should not be introduced to the laity, especially in such terms as the following: "I have given it to patients with phthisis pulmonalis and cardiac disease; and I say it may be given to all patients, if given under proper circumstances." He then gives these "proper circumstances." They are: "Keep the patient recumbent; give brandy and water, if anæmic; never mix Ether with Chloroform. If syncope threatens, carry the head off the side of the bed. Have Spirits of ammonia at hand," etc. Think of a layman administering chloroform to a patient with heart disease, and intelligently managing any or all of these "proper circumstances!"

Among a few minor errors, we may refer to "post-partem" for "partum," "left hypochondria" instead of "hypochrondrium," and to the calling of Causticum "quicklime." According to Allen's *Encyclopædia*, Vol. III, there is no lime at all in Causticum. But even if this is erroneous, it is certain that the doubtful compound is not quicklime; and the reader who expects similar effects from the Causticum of the pharmacy and quicklime will be doomed to disappointment.

A novel feature of the work under notice, a feature which is the probable central reason for the issuing of the book, is the section on Diseases of Women. This is taken largely from the author's work on these affections. It embraces in all over 200 pages.

Much that is comprised within these pages is useful alike to mothers and to nurses, great care being taken to urge the summoning of the physician when the case is a grave one. And the nature of the case when grave is plainly designated, so that medical aid can be intelligently decided upon.

This portion of the book, however, is not wholly free from objections. It needs more condensation. The article on barrenness, for instance, which is

full and rich as a portion of a large treatise on diseases of women, is here too technical, and looks pedantic.

The treatment of childbed fever is highly objectionable. Vaginal injections of Liq. soda chlo., the alternation of Acon. and Sulph., or of Acon. and Kali chlo. 1ˣ, and the suggestion to use Arsenicum 3ˣ at the onset of the attack, are one and all calculated to spoil the case, and make its subsequent management difficult and unsatisfactory.

Elsewhere, attention has been called to an inaccurate delineation of the female genitalia, which appeared in Dr. Eaton's work on *Diseases of Women*. The same plate is copied, unchanged, into the present work (see p. 99). This is inexcusable.

We think that if the author had issued his book only as a domestic treatment of diseases of women, he would have made it of greater use than it can now prove, coming as it does in competition with the well-est blished books of Laurie, Johnson, and others. F.

Supersalinity of the Blood an Accelerator of Senility and a Cause of Cataract. By J. C. Burnett, M.D. London. 1882.

In this little book, written in the doctor's happy style, is set forth the author's reasons for concluding that salt may cause cataract, and may hasten senile decay.

He certainly makes out a good case. All physicians should read his essay, and extend its usefulness by their own observations.

But in thus seconding the doctor's strictures on this time-honored condiment, we are not prepared to discard salt entirely. The doctor himself does not as yet interdict it. He says: "I am not in a position to answer absolutely the question, is salt a food; but I may say that so far as I have been able to observe, there is absolutely no danger in entirely giving up salt as a food, respectively as a condiment with one's food." (Pp. 87, 88.)

This is a leaning towards prohibition. We hope that it will end in hygienic limitation, not in intemperate prohibition. F.

The Diseases of the Pancreas and their Homœopathic Treatment. By A. R. Thomas, M.D., J. C. Morgan, M.D., A. Korndœrfer, M.D., E. A. Farrington, M.D. Published by Duncan Brothers, Chicago. 1882.

This book is a reprint of a paper contributed by the Homœopathic Medical Society of Philadelphia to the Pennsylvania State Society at its annual meeting in 1880. The paucity of literature upon pancreatic diseases led Duncan Brothers to seek permission for a reissue of the paper in book form. It is now presented to the profession with the hope that it may prove of use in treating the obscure and imperfectly understood diseases of the pancreas.

We, however, seriously object to Duncan Brothers securing the book by copyright.

Gleanings.

Boro-glyceride, a new antiseptic, has been successfully used as a surgical dressing.—*Independent Practitioner*, June, 1882.

Grindelia squarrosa causes and cures pain in the left side. This is usually splenic, but may develop anywhere from nipple level to hip.—Dr. Munk, *Medical Tribune*, June, 1882.—See *Allen*, vol. x. Is the drug to rival Dr. Burnett's favorite, *Ceanothus?*

Mineral Acids in Vinegar may be detected by means of a 0.1 per cent. solution of Methylaniline violet, the color of which is not altered by organic acids; but mineral acids, even largely diluted, change the color to ultramarine blue.—*American Journal of Pharmacy*, July, 1882.

The Ergotin Treatment of Uterine Tumors.—Dr. William T. Lusk, Professor of Obstetrics, in Bellevue Hospital Medical College, relates a case of fibro-myoma of the uterus, in which Ergotin injections into the subcutaneous tissue of the abdominal wall over the tumor, not *into* the tumor, resulted in a rapid diminution in the bulk of the growth, at the expense, however, of gangrene of the compressed tumor, ending in fatal septicæmia.—See *New York Medical Journal and Obstetrical Review.*

Salicylic Acid, $\frac{1}{4000}$, in frogs, checks emigration of white blood-corpuscles in the bladder and mesentery, without perceptibly affecting the calibre of the bloodvessels, or the structure of the blood-cells. It also retards amœboid motion. Stronger solutions, $\frac{1}{1000}$, cause stasis in vessels, death of white corpuscles and swelling and decoloration of red corpuscles, like other dilute acids. Solutions of $\frac{1}{500}$ cause instantaneous stasis, death of leucocytes and disintegration of protoplasm. In man, a solution of $\frac{1}{1000}$ to $\frac{1}{4000}$ causes amœboid cessation; death of cell and protoplasmic disintegration. Strange to say, this acid is more inimical to the life of the blood-cells than is carbolic acid of the same strength.—*New York Medical Journal.*

Changes in Plants.—The chemical qualities, odors, and tissues of plants are often modified by a change, which, to us, seems slight. Hemlock is said not to yield Conicine in Scotland. Aconite root becomes innocuous in frigid climates. Pistacia lentiscus grows abundantly in the south of France, so the climate must suit it, yet it yields there no mastic. Haurus sassafras, in Europe, loses the odor proper to it in North America.

The wood of the American locust, Robinia, is nearly worthless when grown in England. Hemp, in India, flourishes, and yields plenty of seed, but the fibre is brittle and useless, while hemp, in England, fails to produce the resinous matter which is so largely used in India as an intoxicating drug.—Darwin's *Animals and Plants Under Domestication.*

The Infirmities of Age Averted.—Professor William Schmöle, of Bonn, has written a work, in which he suggests a method to preserve the buoyancy and elasticity of youth in those who are naturally growing old. It consists in the introduction into the body, of materials which will dissolve the excess of the inorganic constituents, which preponderate over the organic in old age, so as to allow of their absorption and excretion. Such materials are the inorganic acids, such as Citric and Lactic acid.

It is recommended that the juice of from two to eight lemons be swallowed daily the year round.

Dr. Hering alluded to the use of buttermilk by aged persons half a century ago, as the lactic acid in buttermilk dissolved the phosphate of lime, prevented ossification about tendons, joints, arteries, etc.

Sulphide of Calcium as an Antisuppurative.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives of the Therapeutical

Society of New York, furnishes to the *New York Medical Journal and Obstetrical Review*, for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable, and often a very marked, benefit is derived from the use of the calcium sulphide, suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform; and in many apparently favorable cases it will fail entirely.

Here's more positive proof against Homœopathy. The drug sometimes fails to act, just as Ipecac sometimes fails to cure emesis. Such is allopathic logic.

Consultation from a Legal Standpoint.—Professor Theodore W. Dwight, LL.D., dean of the law school of Columbia College, New York, hits the consultation spike on the head after this fashion. Speaking of the rule recently adopted by the New York State Society, which permits consultation between members of different schools in certain "emergencies," in which "all restrictions should in the judgment of the practitioner, yield to the demands of humanity," he says:

"Is the rule right? Is it ethical? The question answers itself. Shall a true physician hesitate before any lawful act, when driven to it by 'the demand of humanity'? The patient does not exist for the rule of the profession, but the medical profession always and everywhere for the good of the patient. It is *par excellence* the profession which deals with man in a 'matter of humanity.' Take away from it that element, and you shear from it its royal prerogative. If this (New York Society's) rule is *not* right, then it should be put in this form: Members of this society shall *not* consult with legally qualified practitioners of any other society than our own, '*not even if an emergency arises in which the demands of humanity require it.*' Can any right-minded physician vote for such a resolution? And yet is not that the position that the opponents of this regulation must take? I should say unhesitatingly that any such ground taken expressly, or by implication, is contrary to public policy and worthy of public reprobation."

Muscular Action in the Pathology of Hip Disease.—In the July number of the *New York Medical Journal and Obstetrical Review*, Dr. A. B. Judson, Orthopædic Surgeon of the Out-patient Department of the New York Hospital, discusses some points in the morbid anatomy of hip disease, with special reference to the supposed effect of muscular contraction in promoting the progress of pathological changes in the articular structures. A careful review of the most important observations on record leads him to the inference that the crowding of the articular surfaces together by muscular action has no such effect. What mainly points to this inference is the fact that the primary lesions are not usually to be found in the superficial structures that enter immediately into the formation of the joint, but rather in the cancellous texture of the bones. This conclusion, however, casts no doubt upon the utility of the extension treatment, but simply leads to this interpretation of its beneficial action. Aside from the fact that we are compelled, empirically, by reason of its anodyne quality, to use traction, there is ample rational ground for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the most efficient means, known to surgery, for the solution of that difficult problem, the immobilization of the hip-joint; and, finally, immobilization is indicated by every feature of the pathology, as revealed in morbid specimens.

News, Etc.

Homœopathy in Oregon, is reported by Dr. H. L. Waters, of The Dalles, as rapidly gaining ground. All our practitioners there seem to be prospering.

Dr. T. Gaillard Thomas, who resigned his professorship in the New York College of Physicians and Surgeons some months ago, has recently consented to resume his connection with the institution.

The Pittsburgh Microscopical Society had an entertainment on the evening of July 3d, at the office of Dr. W. H. Winslow, 334 Penn Avenue. At the close of the entertainment the Society adjourned for the summer.

Boston University School of Medicine, at its annual commencement held June 7th, conferred the degree of Doctor of Medicine upon twenty-nine, and the degree of Bachelor of Surgery upon five candidates. Of the former class, fourteen were ladies.

Stillwater (Minnesota) Homœopathic Hospital.—This institution, during the fifteen months it has been in operation, has received a total of 199 patients,—63 surgical, 28 medical, and 108 eye and ear cases. Two deaths occurred during the period.

G. E. Routh, M.D., of Austin, Texas, has been, for two terms, a member of the Board of Medical Examiners for the Sixteenth Judicial District of his State. Four progressive allopaths were not afraid to serve on the board with him. Dr. Routh is also a member of the Board of Health of Austin.

Dr. H. N. Guernsey, of Philadelphia, sailed for Antwerp, Belgium, July 15th, in search of rest and health. He purposes to return by the middle of October. He will not travel about much, but will restrict his visits to Dresden, Leipzic, Cologne, etc. Most of his time between will be spent at Ems. His address is The Idylle, Bad Ems, Germany.

Well Done.—The children of Dr. J. Sperry Thomas and their two little friends, Mamie Baroux and Lillian Pickering, recently held a Parlor Fair for the benefit of the Children's Homœopathic Hospital of Philadelphia (Eighth and Poplar Streets), and realized the handsome sum of ninety dollars and fifteen cents. Who can do better? Those little folks will make excellent hospital managers some day.

The Surgeon-General.—Surgeon-General J. K. Barnes, M.D., was recently placed on the retired list of the Army under the Regulations of the Service. Col. Crane, Assistant Surgeon-General, and one of the oldest surgeons in the service, has been nominated to succeed him. The nomination requires confirmation by the Senate. The office is always filled by promotion, and never from civil life. Civilians can only enter the Army Medical Service under the age of twenty-five years, as assistant surgeons with the rank of lieutenant.

Punishing Discrimination against Medical Schools.—Senator Cameron, of Pennsylvania, on July 15th, introduced into the Senate a joint resolution making it a misdemeanor, punishable with a fine of five hundred dollars and dismissal from office, for any officer of the United States government to discriminate in favor of or against any particular school of medicine in the appointment of government surgeons. It is scarcely probable that such a resolution can be passed at the present session, but its introduction will pave the way for more deliberate and effective legislation at some future time, when the advanced sentiment of the medical profession shall be able to express itself in the hearing of Congress.

Calomel in Yellow Fever.—A case of yellow fever was discovered, June 26th, in Charity Hospital, New Orleans, by a Sister of Charity. A special despatch from that city says: "It was shown that the man had been ill for five days, and when received in the hospital had fallen into the hands of a student, who subjected him to an experimental treatment of Calomel, such as the best doctors declare was very injudicious in a yellow fever case. When the surgeons reached the case the man was in articulo mortis." As Haenisch recommends (see *Ziemssen*, vol. i, p. 513) that "Castor oil or Calomel be given in purgative doses" in yellow fever, the poor student doubtless thought it was all right, and so it would have been had the patient lived. Moral: if your patient is going to die, have a student handy to lay the blame on.

Homœopathic Society of Northern Pennsylvania.—The above organization was formed on Thursday, the 22d ult., at the office of Dr. Theo. M. Johnson, in West Pittston. Its objects are the personal benefit of the members, and the promotion of the best interests of homœopathy by co-operation and associated action, for mutual improvement and protection, and the promulgation of homœopathy. The physicians joining in the movement are, Drs. J. W. Coolidge, of Carbondale, H. N. Dunnell and S. C. Ross, of Scranton, F. D. Brewster, of Tunkhannock, H. K. Leonard, of Plymouth, S. J. Coe and J. Arthur Bullard, of Wilkesbarre, S. A. Campbell and Theo. M. Johnson, of West Pittston, J. D. Vail and H. D. Baldwin, of Montrose, Charles Arthur, of Scranton, William G. Deitz, of Hazleton, Charles E. Evans, of Providence, Dreher, of Hazleton, and S. A. Brooks, of New Milford. Miss C. G. Waters was proposed as an associate member.

Dr. Arthur Bullard, of Wilkesbarre, was elected President, and Dr. T. M. Johnson, of West Pittston, Secretary. A constitution, similar to that of the Allegheny County Society, was adopted. Meetings will be held bi-monthly.

Rebuking Allopathic Exclusivism.—The following is the text of the joint resolution introduced into the Senate July 14th by Hon. J. D. Cameron, and in the House July 17th, by Hon. Charles O'Neill, read twice in each house, and referred:

Joint Resolution relative to Schools of Medical Practice in the United States, and the Graduates thereof. Resolved, by the Senate and House of Representatives of the United States of America, in Congress Assembled, That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States Government, civil, military, or naval, to make discrimination in favor of, or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the government.

Sec. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States, and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress.

A Badly Scared College Faculty.—Some five or six months ago, Dr. W. W. Van Valzah, a lecturer in the Jefferson Medical College, of Philadelphia, became the subject of medical treatment; his health being badly shattered. Among his medical advisers, we are told, were some of the most prominent members of the college faculty. Five months of treatment and examination not only failed utterly to benefit the patient, but even to unite his medical friends upon a diagnosis. He then proposed a trip to Europe, but was dissuaded from the step by his physicians, lest he should die before reaching there. Finally he went to Cape May, N. J., and the

influences of the sea-breezes, together with that of continued allopathic medication, failed to check the progress of his malady. Becoming desperate at last, and being unable to leave his room, he began a course of homœopathic treatment, prescribed by Dr. E. H. Phillips, of Cape May. The results were prompt and decided. Improvement at once set in, and the patient progressed with satisfactory rapidity, towards recovery. At this writing he is able to take short drives, and expects soon to make a trip to the mountains.

But the most interesting part of his case is yet to be told. The college faculty, on learning of the facts, demanded that he should discontinue his employment of homœopathy and dismiss his homœopathic physician. This demand, the doctor very emphatically declined to comply with, and the delegation who conveyed the Faculty's message, were obliged to return with their mission unaccomplished. In a very brief time a second message followed, embodying a request to the doctor to resign his position in the College, which was instantly acquiesced in.

It must not be supposed, from these facts, that Dr. Van Valzah has become an adherent of homœopathy. He has declared his determination, however, as soon as his health will permit, to investigate its principles, and to observe carefully its results in hospital and private practice.

Homœopathic Medical Society of Pennsylvania.—The Bureau of Obstetrics will present at the forthcoming session, at Altoona, September 5th, 6th, and 7th, the following papers:

1. Birth Time in each Twenty-four Hours; M. M. Walker, M.D., chairman, Germantown, Philadelphia, Pa.
2. Chloroform in Labor; J. H. Marsden, M.D., York Sulphur Springs.
3. The Use of Medicated Injections per Vaginam after Parturition; R. J. McClatchey, M.D., Philadelphia.
4. Turning *v.* Craniotomy; J. W. Way, M.D., West Chester.
5. Improvements in Obstetrics; C. P. Seip, M.D., Pittsburgh.
6. Treatment of the Navel; A. H. Ashton, M.D., Philadelphia.
7. Treatment of the Mammæ and Nipples; C. T. Canfield, M.D., Indianapolis, Ind.
8. Promotion of Labor by Homœopathic Remedies; H. N. Guernsey, M.D., Philadelphia.

American Institute of Homœopathy—Bureau of Obstetrics.—At the session of 1883, the special subject for Discussion, under this bureau, will be "Complications of Gestation," and will include

1. ——— ——— ——— ———? M. M. Walker, M.D., chairman, Germantown, Philadelphia, Pa.
2. Statistics; George B. Peck, M.D., Providence, R. I.
3. Promotion of Conception in the Sterile; R. N. Foster, M.D., Chicago.
4. Lesions of Digestive Organs; L. C. Grosvenor, M.D., Chicago.
5. Mechanical Difficulties; Loomis L. Danforth, M.D., New York.
6. Venous Troubles; W. H. Blakeley, M.D., Bowling Green, Ky.
7. Heart Affections; R. F. Baker, M.D., Davenport, Iowa.
8. Cystic Disturbances; Walter Wesselhœft, M.D., Cambridge, Mass.
9. Mental Phenomena; R. J. McClatchey, M.D., Philadelphia.
10. General Hygiene; C. Van Artsdalen, M.D., Ashbourne, Pa.
11. Promotion of Lactation; C. G. Higbee, M.D., St. Paul, Minn.
12. Albuminuria; J. C. Sanders; M.D., Cleveland, Ohio.
13. Placenta Prævia; A. R. Barrett; M.D., Baltimore.
14. ——— ——— ——— ———? G S. Walker, M.D., St. Louis, Mo.

According to the by-laws, papers must be in the hands of the chairman, at least two months before the next meeting.

M. M. Walker,
No. 12 West Walnut Lane, Germantown, Pa.

American Institute of Homœopathy.—*Bureau of Anatomy, Physiology, and Pathology.*—William Owens, M.D., Cincinnati, O., Chairman; J. D. Buck, M.D., Cincinnati, O.; G. H. Wilson, M.D., Meriden, Conn.; E. H. Pratt, M.D., Chicago, Ill.; G. A. Hall, M.D., Chicago, Ills.; H. P. Bellow, M.D., Auburndale, Mass.; William Von Gottschalk, M.D., Providence, R. I.; C. Van Artsdalen, M.D., Ashbourne, Pa.; W. B. Trites, M.D., Manayunk, Philadelphia, Pa.; W. H. Winslow, M.D., Pittsburgh, Pa.; J. C. Morgan, M.D., Philadelphia, Pa.; A. S. Everett, M.D., Denver, Col.; J. P. Mills, M.D., Chicago, Ill.; Pemberton Dudley, M.D., Philadelphia, Pa.

Owing to the unsatisfactory state of knowledge, concerning the sympathetic (organic) system of nerves, as now taught, the Chairman of the Bureau has thought it desirable to submit to the members a plan for the restudy of all the facts and phenomena, connected with this class of nerves, in the light of the latest observations and results of experimental physiolcgy. He hopes thereby to so arrange and present these phenomena that a rational basis for the origin of all morbid processes (whether arising from so-called natural or artificial causes) may be established; and, with a desire to bring all of the important observations bearing upon these points into a concise, categorical form, he begs leave to submit the following plan for the study of the "nerves of organic life:"

1st. Histology of the nerves of organic life.

2d. Comparative anatomy of these nerves.

3d. Comparative physiology of these nerves, and their relations to vertebrate animals.

4th. The evidence for or against the exclusive "vasomotor origin" in the organic (sympathetic) system of nerves.

5th. The evidence for or against the existence of inhibitory nerves in connection with the organic (sympathetic) nerves.

6th. The evidence for or against the existence of "trophic nerves."

7th. The evidence for or against the existence of "vasomotor contractors" and "vasomotor dilators."

Married.—Kistler—Dengler.—June 12th, 1882, at the residence of the bride's parents, by Rev. Mr. McDowell, J. S. Kistler, M.D., and Miss Dollie C. Dengler, both of Shenandoah, Pa.

Tait—White.—On July 3d, 1882, at No. 629 Diamond Street, by Rev. S. J. Blum, pastor of the Fifth Moravian Church, Alexander Tait, M.D., and Miss Rachel White, both of Philadelphia.

Goodno—Hansbury.—June 27th, 1882, at the residence of the bride's parents, by Rev. W. S. Goodno, of Asbury Park, N. J., Charles F. Goodno, M.D., to T. Addie, daughter of H. S. Hansbury, both of West Philadelphia.

Died—Hardenstein.—Suddenly, at Vicksburg, June 11th, 1882, Mrs. Ella Hardenstein, wife of Dr. A. O. Hardenstein. An intimate acquaintance with the deceased led us to honor and appreciate her excellent qualities; and so we can the more deeply sympathize with her bereaved husband in his great loss.

Owen.—On Friday, June 23d, 1882, Mr. Elbert I. Owen, son of Dr. Reuben Owen, of Philadelphia, and a student of Hahnemann Medical College of Philadelphia, was drowned in Chester Creek, Chester, Pa. In company with Mr. Maddux, a fellow-student, he had entered the water for a bath, and being unable to swim, lost his life, his companion making a narrow escape. Mr. Owen was a young man of excellent character, and of great promise, and his death has brought sorrow to a large circle of friends and acquaintances. His funeral was largely attended, there being present at the services several clergymen of the M. E. Church, a large delegation from the class of Hahnemann Medical College, and representatives of the Faculty.

Woodward.—On June 5th, 1882, at his residence, Westminster Md., Dr. Woodward, of Bright's Disease.

Williams.—Recently, at his residence, St. Paul, Minn., Dr. C. D. Williams, for forty-nine years a practitioner of medicine, and one of the pioneers of Homœopathy in the Northwest. In reference to his decease, and in respect to his memory, the following resolutions were adopted by the homœopathic physicians of St. Paul:

Resolved, That in the decease of our brother, the homœopathic fraternity of the city and State have lost a valuable member and wise counsellor.

Resolved, That we sympathize deeply with the afflicted family and friends in this our common bereavement.

Resolved, That these resolutions, together with the preamble, be spread upon the minutes of this meeting in the form of a memorial page.

Resolved, That a copy thereof be forwarded to the family of the deceased, also a copy to each of the daily papers of the city, the New York *Medical Times*, the New England *Medical Gazette*, the Hahnemannian, the *Clinique*, and the *United States Medical Investigator*.

Respectfully submitted,

Charles Griswold,
H. Hutchinson,
C. A. Hughes.

OBITUARY—JOHN F. GRAY, M.D.

Action of the Homœopathic Medical Society of the County of New York.

At a meeting of the Homœopathic Medical Society of the County of New York, held June 14th, 1882, the following remarks and resolutions were offered by Lewis Hallock, M.D., adopted by the Society, and ordered to be published in the daily papers:

To Dr. John F. Gray is due, by unanimous consent, the distinction of having been the first convert to the practice of homœopathy in America, and the pioneer of the 6000 converts, who now embrace and practice the law of *Similia* throughout our land.

As early as 1827, the year after his graduation at the College of Physicians and Surgeons, of this city, Dr. Gray became acquainted with the principles of homœopathy through the successful treatment by Dr. Gram of a patient, whom he had long in vain tried to cure, and at once began to investigate and test the new method of practice. This investigation resulted, as it has since in the history of many of his followers, and as we believe it would, in nearly all intelligent physicians who would carefully and candidly make it, in accepting and practicing this new and better system.

The example and success of Dr. Gray soon awakened the interest and inquiry of his early classmates, and in 1829 Dr. Abram D. Wilson became the second convert, followed in slow succession by Drs. Hull, Channing, and Curtis. Soon after these accessions, Dr. Gray, in 1834, published the *American Journal of Homœopathy*, and thus extended more widely the knowledge of the new practice; but the number of subscribers was so small, and the time and labor required to continue his almost unaided efforts so great, that the periodical was suspended at the end of two years. After an interval of four years, he resumed the publication under the title of the *Homœopathic Examiner*, when he received the able assistance of Dr. Hull, as associate editor.

To Dr. Gray, therefore, we are indebted for the first American homœopathic literature, the previous few publications having been almost entirely in German. This language he early learned by the advice and aid of Dr. Gram, that he might have access to the original sources of instruction.

Until this period, the principles of homœopathy were little known, and its converts confined to half a dozen ardent young physicians, whose new ideas of practice were regarded as visionary and ridiculous, and but little was said by them to their professional acquaintances, as I can well testify, for, though often meeting Dr. Gray, after years of early intimacy as fellow-students and graduates of the same medical class, rarely was the subject of the new practice referred to, or effort made to induce others to adopt it. Dr. Gray did, indeed, report the successful treatment of two or three inveterate cases by remedies, new and unknown to the regular practice, at some of the meetings of a small association, mostly members of our graduating class, termed the "Medical and Physiological Society," the records of which remain with me as its last secretary, but as little or no allusion was made to the theory of the treatment, they were regarded as cases of fortunate success, and received little special attention. On one occasion, however, the president, after our adjournment, inquired of Dr. Gray, what induced him to give *Arsenic* for the cure of the *burning* symptoms in the case he had just reported, and added, if it was in accordance with the visionary theory of that German, Hahnemann, "I advise you to have nothing to do with it—it is all a delusion—and is already about dead in Europe." The incredulity and opposition to the new practice thus foreshadowed, and the absence of an English literature, to which they could refer early inquirers, doubtless prevented Dr. Gray and the few first pioneers of our cause from urging its importance upon the attention of their medical brethren, until the publication of the *Homœopathic Examiner*, in 1840, and the translation of Jahr's *Manual* and the *Symptomen Codex* by Dr. Hull, and the editing of Laurie's *Practice*, and other popular works, introduced an English homœopathic literature to all candid inquirers. From that time converts to the new practice became more frequent, and soon Drs. Curtis, Channing, Cook, Taylor, and Freeman (now all departed), and, later, Drs. Bayard, Ball, McVickar, and others, of this city, including five of the class graduating with Dr. Gray, of whom Dr. W. C. Palmer and myself are believed to be the only survivors, were added to the number.

During those years of growth and struggle, Dr. Gray was, I think, by all regarded as a pioneer and leader of our cause, and his office was a rendezvous for frequent intercourse and consultation. All felt the need of mutual encouragement and support, for at that early period the bare report of a tendency to homœopathy subjected the physician to loss of caste and character among his professional associates, excluded him from their fellowship, and turned friendship to enmity and aversion.

How great the change can hardly be realized by the homœopaths of the present day, for now the waning opposition of prejudiced rivals is little feared, and more than compensated by the respect and confidence of an appreciative community.

For this result and the established success of our system of practice, the homœopaths of this city are pre-eminently indebted to the early labors and long and skilful practice of Dr. Gray, and we but respect and justify ourselves in recording his merits, and doing honor to his memory. To give appropriate expression to these feelings, I beg to offer the following resolutions:

Resolutions.

Whereas, In the allotted dispensation of Divine Providence, Dr. John F. Gray, the first convert and pioneer practitioner of homœopathy in this city, has been removed by death, we, the members of the Homœopathic Medical Society of the County of New York, of which he was an early and

honored member, hereby record our estimate of the character and usefulness of our departed brother, therefore,

Resolved, That the death of Dr. Gray removes from our midst not only the first American convert to the principles and practice of homœopathy, but one, whose early literary publications and subsequent prolonged and successful practice were pre-eminently useful in introducing and promoting the new and improved system of medicine, to which our lives and labors are devoted.

Resolved, That the example and influence of Dr. Gray were especially useful in leading and encouraging many of his professional associates to adopt the principles of homœopathy, and thus extend and spread its blessings throughout our land.

Resolved, That we cherish and honor his memory as a talented and skilful physician, conscientious and faithful to his patients, prompt and clear in diagnosis, ready and decided in practice, an able and wise counsellor with his brethren in difficult and dangerous diseases.

Resolved, That these resolutions be entered upon our minutes, and a copy furnished to the relatives of the deceased.

Dr. H. D. Paine seconded the resolutions. In doing so he spoke of the death of Dr. Gray as an event of historical interest to every homœopathic physician throughout the land. It marks an epoch in the progress of our school. At the mention of his name the mind reverts to the fact that he was the first of American physicians to discover and appreciate the truth of the therapeutic law of Hahnemann. When we consider the present position of homœopathy in the United States; its thousands of adherents, professional and lay; its colleges, hospitals, societies, and other institutions firmly planted in every part of the land, it seems almost incredible that all this growth should have been effected within the life of one man; that the first convert should have lived to see this marvellous change, and that, too, in the face of an opposition determined, vindictive, and uncompromising beyond anything similar in the history of the medical profession.

The man who took the initiative in the beginnings of this marvellous revolution is but just dead, and the resolutions just offered expressed, no doubt, the unanimous feeling, not only of this society, but of the great mass of our colleagues throughout the United States. Had Dr. Gray been a man less remarkable than he was, the obligations that we, as a body, owe to him as the pioneer of homœopathy, would not be less than are stated in the resolutions now before us. Dr. Hallock has expressed in these resolutions and in his remarks the feeling with which he is regarded by the members of our school, and the duty we owe to his memory on account of the part which he filled for so many years as its leading representative.

Dr. Gray was a remarkable character, who would have stood out from the ordinary ranks of men though he had never heard of homœopathy. Earnest and fearless in the investigation of problems in nature and science challenging his attention, frank and unhesitating in advocacy of his convictions, a quickly discriminating judgment, and a manner peculiar, and bordering upon the eccentric, he would have been a notable character in whatever profession or position in life he had found himself.

Dr. Paine then gave a sketch of Dr. Gray's early life, and of the difficulties with which he had to struggle in the attainment of his cherished purpose to acquire an education and to become a physician. Born in 1806, in a small town in Central New York (of which his grandfather was the founder), one of a large family, comprising five sons, and with narrow means and few facilities for learning beyond the district schools of the country, the prospect of the accomplishment of his ambitious desires seemed sufficiently remote. When about sixteen years of age he obtained, after much persuasion, the

parental consent to make his own living and follow his own plans. The history of the next few years was one of hardships, privations, and constant application. Avoiding the diversions of boyhood, and every enticement to distract his attention from his one great aim, he steadily pursued his way, overcoming, one after another, the obstacles that appeared but did not discourage him. His self-renouncing perseverance was rewarded, not only by success in acquiring an excellent classical and scientific education, but had made him influential friends. Armed with letters from Governor Clinton, an old friend of his father's, and one or two others, and with a small sum of his own earnings in his pocket, he came to New York, in 1824, with a view of completing his studies at the medical college. His letters were effectual in introducing him to Professor Hosack and other leading members of the faculty, who soon became charmed with his intelligence, his studious habits, and his close attention. The most rigid economy was absolutely necessary to make his little store suffice for his expenses. He graduated from the College of Physicians and Surgeons, then situated in Barclay Street, in the spring of 1826, intending to return to the country to practice his profession. So nearly expended by that time were his scanty means that it was a question whether he had enough to carry him home, then removed to the extreme western part of the State, when he fortunately was offered the position of Assistant House Physician in the New York Hospital and a small salary therewith. At the same time some of his friends in the Faculty, evidently conscious of his unusual abilities, strongly urged him to remain in the city, promising their patronage and influence till he should become established. This promise was so well kept that after the expiration of his engagement at the hospital, and upon putting out his sign in Charlton Street, he soon found himself quite busy with an encouraging practice. His early marriage with a daughter of Dr. Amos G. Hull, happily determined his decision to remain in the city. So prosperous were his affairs that before the end of his first year he found it desirable to set up a buggy. Among the patients who had placed themselves under his care was a Mr. Milsey, a merchant of New York, suffering from a long-standing chronic malady, for which no physician had been able to find a remedy. After many interviews his patient began to speak to Dr. Gray of a certain foreign and learned physician, whose acquaintance he had made in his Masonic Lodge, and whose opinions about medicine were so new and strange that he did not know what to make of him, but that having become somewhat intimate with him he had spoken to him of his own complaint, and had been encouraged to hope for relief under a different method of treatment, but his friend had declined to prescribe without Dr. Gray's consent. The doctor declined a consultation, but advised his patient to accept his friend's services. This was in 1827. The effect of the experiment was so favorable, and withal so speedy and complete, that throwing aside his prejudices, Dr. Gray consented to an interview, which led to a mutual and life-long friendship. It is not necessary to add that this "foreign doctor" was Hans B. Gram, who, though really born in this country, was of Danish paternity and education. After practicing medicine for many years in Denmark he adopted the newly promulgated system of homœopathy and determined to return to America as an apostle and missionary of the new medical faith. He came in 1824, but until his acquaintance with Dr. Gray he found no hearing from those, his medical brethren, who he vainly thought would receive his message with gladness, if not with enthusiasm.

Dr. Gray, with his sharp perception, quickly caught the essential features of this new method and saw the possibilities of a great reform, which, if true, it was sure to effect. To test the practical value of this system still further he consulted Dr. Gram about many intractable cases, and administered the medicines that he prescribed. This was necessary, inasmuch as the

few books upon homœopathy yet published were all in the German language, which at that time Dr. Gray did not understand. Before many months, but not till after many anxious searchings of heart, he became so convinced of the truth involved in the now familiar law of homœopathy, that he could not longer resist making an open avowal of the fact. The result was what he, no doubt, foresaw, an immediate withdrawal of favor and aid from those who had heretofore befriended him, the loss of much of the remunerative part of his practice, and the disfavor and forebodings of relatives and friends. Notwithstanding this experience, which came sharp and quick, he never faltered, so sure he was of the truth and ultimate triumph of the doctrine he had espoused. Besides, he had learned patience in the school of adversity. It was in 1828 that his apostasy from the orthodox methods became publicly known. To add to the difficulties of his position, he was still largely dependent upon Dr. Gram's aid in so much practice as remained to him, owing to his ignorance of German. This defect he immediately set himself about to repair, with the same diligence that he exercised in the earlier part of his education. In a remarkably short time he became sufficiently expert to read the few works to be had, by himself. No works expository of the Hahnemannian doctrines were written or published in English till several years later. So there was little chance for making converts, and accordingly Dr. Gray and Dr. Gram stood alone, until the following year Dr. A. D. Wilson had the courage to make a third in the little company. The next year Dr. Channing avowed his belief in the new system. Both of them, men of learning and ability and practitioners of established reputation, their conversion caused no little excitement.

This brings the history down to 1830. Dr. Paine was not aware of any other accessions until the first cholera epidemic in 1832, or about that time. Dr. A. Gerald Hull, a brother-in-law of Dr. Gray, was preparing to enter the profession under his and Dr. Gram's direction. Dr. J. T. Curtis was still a student of Dr. Gram. Both brilliant and strong men, who afterwards distinguished themselves in behalf of the cause. Dr. Paine's first personal acquaintance with Dr. Gray was in 1833, while a student in the office of the elder Dr. Hull. Discussions on the subject of homœopathy were frequent, and he soon came to know the men who were engaged, or interested, in the struggle, and the successive steps of its progress. As had been the case in Europe the comparative results of the different methods of treating the Asiatic cholera, had drawn public attention to the advantages of homœopathy, and there began to be a demand for homœopathic practitioners, and of course for information, and means of studying the system. Books began to appear, mostly translations from the German, first into French, and after into English. With these increased facilities conversions became more numerous. Drs. Kirby, Vanderberg, and other important accessions were among the foremost. In 1834 another epidemic of cholera occurred in New York, with still more favorable results to homœopathy, owing to the larger number of practitioners capable of applying it.

From that date the progress of our school has been steadily upward. Its history in this city and State is known to many here.

The colleagues of Dr. Gray in these first years are all departed. He who stood the chief figure in the little band outlived them all, and many of those who came later into the field. Now he has also gone, and we do well to pay, at least, our grateful tributes to his memory.

E. Carleton,
President.

F. H. Boynton,
Secretary.

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

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THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, September, 1882. No. 9.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

MOLLUSCA.

(Continued from page 402.)

BACK, LIMBS.—Stiffness of the neck and of the back.

Backache, worse sitting; pressure usually relieves. Heaviness on awaking, mornings, as if she could not turn or rise; or as if she had lain in a wrong position. Backache, better from belching.

Aching between the shoulders and under the left scapula, extending into left lung; worse on expiration. Constant pain between shoulders and down back. Aching across the loins.

Drawing pressure and burning pain across the dorsal region, as from sewing (Dunham).

Pain in small of back; weakness; tired pain. Pain as if sprained.

When stooping, pain as if struck; relieved by pressing the back against something hard.

Stitches posteriorly over right hip; could not lie on that side; when touched, the part pained as from subcutaneous ulceration.

Pressing, dragging pain over the sacrum and hips; burning pressure in the spine.

Aching in sacrum, relieved by pressure; pain in sacrum through hips and thighs to knees, with weakness and lassitude when moving, especially when going upstairs, as if limbs would refuse to act.

Limbs.—Go to sleep; feel heavy; sore, bruised as if beaten.

Uneasiness, especially at night.

Joints stiff, or feel weak, as if they would easily become dislocated. Shoulder, after exertion, feels as if out of joint. Arthritis.

Cramps in the thigh when walking; cramps in buttocks when stretching at night.

Swelling of the feet; also of the limbs; worse standing, better walking.

Tension in the tendo-achillis; swelling.

Related Remedies.—SEPIA is not one of the best remedies for spinal irritation with hyperæsthesia. It is preferable when there are aching, stiffness, and weakness. There is some irritability still existing, shown in uneasiness of the limbs, fidgetiness, sense of subcutaneous ulceration, etc. But exhaustion predominates, the back aches and is passively congested, there is weakness of back and legs, with fatigue of muscles and joints and numbness of the limbs after exertion. This last symptom is very characteristic. The joints are weak; it seems as if exercise would cause their dislocation. This effect is a part of a universal property of SEPIA, relaxation of tissues.

The remedy, therefore, is useful after long abuse of the sexual organs; also for women who have suffered from uterine and ovarian affections, or who have been weakened by loss of vital fluids. In all cases, when SEPIA is needed, the symptoms are substantially those already referred to as universals of the remedy (*Hahnemannian Monthly*, March, pp. 130–31).

Among the modalities of spinal symptoms, the following are very characteristic: Sacro-lumbar pains; worse standing; she feels faint and sick. Backache, pressure and burning, with congestion; relieved by pressure; *worse from sitting.* Backache worse at night. On awaking, stiff, tired; headache; great weakness.

Among allied remedies are: Natr. mur., Puls., Helon., Murex, Sulph., Lilium, Actæa rac., Lycopod., Picric ac., Nux vom., Coccul., Kali carb., Kreos., Graph., Calc. carb., Mitchella.

PULSATILLA has more of the sensation of subcutaneous ulceration; it has also heaviness, as from a stone; and, above all, sensation in small of back as from a tight band; back feels as stiff as a board. This latter symptom we have relieved in both men and women.

NATRUM MURIATICUM, like SEPIA, has paralytic weakness of the back, stiffness, bruised feeling; pain in the joints as from luxation; legs weak, "go to sleep;" cramps; sweaty

feet, etc.; uneasiness of the legs. But the salt causes more irritation, with sensitive vertebræ and contraction of the tendons (ham-strings). The small of the back feels as if broken. Only SEPIA causes pains from sacro-lumbar region down the legs, or around to groins. The concomitants differ. In NATRUM MUR. there are fluttering of the heart, trembling, faintness; constriction; in SEPIA, there are more marked ebullitions, violent heart-beat, cardiac fulness, faintness.

Weakness of the back is also caused by COCCULUS, CONIUM, HELONIAS, PICRIC acid, ZINC, Lilium, *Alumina* (Mitchella), Actæa rac., ÆSCULUS hip., GRAPH., SULPHUR, PHOSPH., *Arg. nitric*, *Gelsem.*, etc.

COCCULUS depresses the vital powers, causing muscular paralysis, often associated with twitchings, and even spasms—a form of irritable weakness not unlike the effect of Ignatia and Nux vomica. The patient is intolerant of external impressions; thus, noises disturb, she is oversusceptible to odors, to tobacco smoke, to cool air, etc. There are: paralytic pains over the hips, the loins feel stiff; spasmodic constriction the whole length of the spine. Paresis of the eyelids, tongue, pharynx, limbs, with trembling; at one time one hand and foot and at another time the other hand and foot are asleep; depression of spirits—all, however, transient.

Such symptoms are common in weak, nervous women. And, consistently with the tendency in such persons to spasmodic symptoms and excitement—symptoms depending upon the irritation of weakened nerves—we find the drug called for in convulsions after loss of sleep; in menstrual colic, sharp cutting in the uterus, which feels distended; in sleeplessness from mental activity, etc. But generally, torpor of the animal nerves obtains; the patient is dizzy and feels faint if she rises from a recumbent position; sea-sick feeling; back feels weak, as if paralyzed, with or without twitching of the muscles; empty, hollow feeling in any one or in all of the splanchnic cavities; hence her head feels light, empty; the occiput feels as if opening and shutting;* talking exhausts, and causes or intensifies a weak, empty sensation in the chest.

CONIUM paralyzes the spine from below upward (Hughes, but see symptom, 991, Allen). It has caused and removed the

* Several years ago Dr. David James, of Philadelphia, used Cocculus successfully in an epidemic of spotted fever. He was guided to its selection by this occipital sensation. Cannabis Indica relieves the same when referred to the vertex. Sepia, so far as provings go, agrees with Cocculus. (See Allen, vol. 8, p. 609.)

following: "Leucorrhœa, with weakness and paralyzed sensation in the small of the back before the discharge, and followed by weakness." In this respect it resembles SEPIA (back weak when walking; aches after sitting awhile); GRAPH. (leucorrhœa more profuse and watery); ÆSCULUS H. (sacro-iliac symphyses give out when she walks); *Natrum mur.* (back feels lame, bruised); and, of course, COCCULUS.

ARGENTUM NITRICUM, like SEPIA, has backache; worse while the patient is sitting. But with the former it is a paralytic heaviness and rigidity; legs are weak and trembling; sacro-iliac symphyses weak, as with Æsculus. There are not the pulsation and other evidences of congestion, which characterize SEPIA.

PICRIC ACID, in one of its aspects, resembles SEPIA. We refer to tiredness and backache. Not infrequently women complain of being so tired; their muscles ache and feel sore; walking is very laborious, if not impossible; and their hands and feet are numb and pithy. HELONIAS often affords at least temporary relief; back weak, aches, burns; she becomes tired from the least exertion. ACTÆA RAC. too, helps, especially in rheumatic patients; weight and trembling of the muscles of the back and legs; lame, tired feeling; pulse weak; general soreness and stiffness as after exertion. GELSEMIUM has relieved, "I feel so tired," and her face shows it; the eyelids are only half-opened, the speech is heavy or thick, and she can scarcely lift her arms. She is weak, sore, and drowsy. But in another class of cases, PICRIC ACID is the remedy: muscles feel sore, *heavy*, weak; *heaviness* and dragging in the back, with heat. Tired all over; lack of will-power to undertake anything.

With both the SEPIA and the PICRIC ACID patient there is spinal exhaustion. With the latter, exhaustion predominates, the fully developed symptoms closely simulating spinal softening. Of course the classes of cases to which we refer above do not include so serious a lesion as softening. Still, they include cases of exhaustion, in which functional action is so impaired that symptoms arise closely resembling the more persistent effects of organic changes.

SKIN, GLANDS.—Eruptions, red roughness of the skin. The epidermis peels off, especially on the hands. Psoriasis.

Herpes, with much itching. Ring-worm.

Yellow-brown spots; they scale when rubbed. Scaly and moist eruptions.

Fine rash all over, but worse in bends of elbows and knees; in the cold air it disappears, when it is followed with rheumatic pains in elbow and knee joints.

Itching in various places, relieved by scratching; afterward there is a pinkish color of the skin. Itching and acridity on the posterior part of each elbow. Pricking of skin, worse when he is warm in bed. Rhagades.

Skin sensitive to knocks. Scratches heal slowly. Ulcers painless; or, itching, stinging and burning; situated most frequently on or near the small joints—also on heels, following blisters.

Small, itching pustules. Boils. Vesicles becoming pustular; scabies. Ecthyma.

Nails yellow; crippled. Warts hard, horny, or long and rough; especially if on hands and fingers.

Related Remedies.—SEPIA causes yellow-brown spots, itching, redness, vesicles, humidity and rawness, scaling, pustules. The warm room makes the urticaria-patient feel comfortable; but the warmth of the bed aggravates pricking of the skin.

Ring-worm, it is asserted, is frequently cured with SEPIA. We have been so unfortunate as to have failed with it several times.

Dr. Dunham, guided by the tendency to scaling, recommends SEPIA as an antidote to Rhus-poisoning.

Jahr, after curing ecthyma with SEPIA, which remedy he employed because it produces isolated pustules, used it in scabies, when some of the vesicles filled with matter.

The nearest relatives of SEPIA in skin-affections are Natr. mur., Natr. phos., Sulph., Rhus tox., Thuja, Tellurium, Calc. carb., Calc. acetica, Lycopod., Woorari, etc.

Soda salts are similar in itching, herpetic, scaly skin, worse about small joints, especially about the ankles.

THUJA, like SEPIA, causes white scaly eruptions; but in the latter case the parts are humid; in the former, dry.

Tellurium, Calc. carb., and Calc. acetica are, according to Dunham, useful for ring-worm—the first named, when the eruption covers a great portion of the body in intersecting rings. Sulphur may be needed in ring-worm; and, if the itching is severe, Croton tig. and Arsenicum.

Yellow-brown spots have been removed by Lycopod., Nux vom., and Sulph. Dr. Baruch uses Woorari. We think the latter modified one case for us, and we know it cured another.

SEPIA stands well in the treatment of psoriasis, though in-

ferior to *Ars.* and ARS. JOD. Compare Hepar, Copaiva (hands), Sulph., Teucrium (skin of finger scaly), Iris vers. (shining scales), Graph., Lycop. Kafka gives first Sulph. and then SEPIA, in a descending scale of potencies.

In rhagades SEPIA is inferior to PETROL., SARSAP., and CALC. CARB.

Crippled nails is a symptom more characteristic of GRAPH., CAUST., and *Silica.* But yellowness of the nails is more marked in SEPIA than in any of the above. CONIUM, SULPH., MERC., NITRIC ACID. and *Nux vom.*, are about equal with SEPIA in this discoloration.

Herpetic eruption is very characteristic of SEPIA. Thus, we find blisters about the mouth (like RHUS, Natr. mur.); also on nape of neck, behind the ears, in bends of joints, and on the genitals. The glans penis is hot, prepuce sore, itching, and smarting. Labia sore, red, as is also the perineum—the characteristic in most cases being humidity, rawness, smarting, and itching.

Compare here: SARSAP., h. præputialis; HEPAR; Merc. sol., etc.

For warts on hands, compare: THUJA, *Sulph.*, *Dulc.*, etc.

A valuable concomitant of SEPIA—skin symptoms, especially in moist eruptions about the head, face, and behind the ears is frequent jerks of the head to and fro. This qualification is a good distinction from Graph., Petrol., and Oleander in eczema aurium.

The eczema marginatum of SEPIA finds a counterpart in *Natrum mur.* Compare also *Arsenic*, Hydrastis, Arg. Nitricum.

SLEEP.—Sleepiness, during the day, especially during the forenoon.

Restless sleep from heat and ebullitions of blood, or from sense of weight on the body. Talks in sleep; awakes screaming, as in affright. Limbs jerk on dropping off to sleep. Awakes about 3 A.M., and cannot again go to sleep; sometimes with rush of ideas.

On awaking, mornings, tired, stiff; can hardly move; headache and nausea, as after "a spree."

Related Remedies.—The sleep symptoms of SEPIA are all in keeping with the general action of the drug. Sleepiness and sluggishness, restlessness and sleeplessness caused by ebullitions, and ennui on awaking, all depend upon a disturbed circulation and a depressed condition of the nervous system. The time of aggravation, about 3 A.M., places SEPIA with

remedies which act upon the liver and bowels; hence, with NUX VOM., SULPH., *Arsenic*, etc.

The early morning symptoms again bring SEPIA, NUX, PULSAT. and SULPHUR into intimate relationship. NUX has less paretic stiffness, but more retching, with scanty, loose stools, and much straining, or ineffectual urging. SULPHUR, very much like SEPIA, has evening sleepiness, restless or sleepless nights, and consequently tiredness and general aggravation of symptoms on awaking. But with SULPHUR the ebullitions are more marked; the patient arouses often, and is at each such awaking, wide awake; his night is passed in "catnaps." PULSATILLA has not the evening sleepiness; sleep comes late, and as a result the patient is disinclined to rise early. But the majority of the symptoms are not, as with the other remedies, worse in the morning. At most, we may expect merely dry mouth, bitter taste, or headache.

CHILL. FEVER. SWEAT.

Chilliness prominent. Chill, with thirst, followed by night-sweat.

Chill worse in the evening or night; worse at every motion; worse from external warmth (chill, with headache).

Coldness, with dampness of the skin; feet and hands icy-cold, as if from iced water. Hands cold and feet warm; when the latter become cold, the others grow warm.

Internal chill in a warm room.

Heat usually in flushes; worse afternoon and night, then anxious sweat.

Animated talking makes him hot.

Sweat towards morning or after awaking.

Sweat more after than during excitement or exertion.

Offensive foot-sweat. Sweat about the genitals, offensive.

Night-sweat cold on breast and back; more on upper part of body.

Related Remedies.—SEPIA causes chilliness, with want of animal heat, and hence closely resembles PULSATILLA.

Alternation of coldness and warmth of hands and feet is unique and very characteristic.

Icy coldness, with moisture, reminds one of the lime salts. But though in SEPIA and in CALCAREA excitement and exercise induce profuse sweat, it appears, according to Bönninghausen, during exercise, with CALCAREA, and after exercise, with SEPIA.

Heat in flushes, which is the only prominent febrile move-

ment caused by SEPIA, has led to the use of this remedy during the climaxis, during pregnancy, and during uterine displacements. Symptomatically SULPHUR stands very near; but other remedies, as LACHESIS, Kali bich., AMYL NITRITE, and GLONOINE, are also similar.

Heat, during animated conversation, suggests in addition to SEPIA, Amm. mur.

Sweat, in SEPIA cases, is profuse and weakening. As in SILICA, the foot-sweat is offensive, but soreness of the feet is more common under SILICA. Compare in offensive sweat in the axillæ, PETROL., *Sulph.*, *Hepar*—on the chest, LYCOP.—on the genitals, Fluor. ac., Sulph., *Thuja*,—on the feet, SILICA, *Graph.*, THUJA, *Nitric acid*, *Pulsat.*, *Baryta.*

THE TRUTHS OF HOMŒOPATHY.

BY E. W. GOSEWISCH, M.D., WILMINGTON, DEL.

THE March number of the *North American Review* contains an article, entitled "The Fallacies of Homœopathy," in which the author assumes to have overthrown the whole system of our science, and exposed its followers to the just ridicule of all intelligent persons. It is not from the hope of convincing the writer of his errors that I have made this attempt to refute his arguments; for, after having read from the eminent homœopathic authors he quotes—only, as it appears, to remain wilfully blind—any effort on my part to enlighten him would seem hopeless. Neither do I fear that homœopathy will receive the slightest check from his vigorous but illogical attack. Every student of homœopathy will see the paucity of the arguments advanced on the most cursory perusal of the paper; but there may be those who have read the article in the *Review* who, having not had the opportunity of hearing the truth, or who, being accustomed to accept without investigation the opinions of others, may be misled by the apparent plausibility and dogmatic assertions displayed by the writer. Besides, the reputation which the *Review* possesses, and the position of the writer of the article, both tend to lend weight to the statements there made, despite their fallacies and injustice. Every day we see examples of how the popular mind has been kept in error by those who, attached to the false theories of the past, bitterly oppose all that is new and progressive. The article describes Hahnemann as a wandering, indifferent, and unsuccessful practitioner, of a visionary turn of mind, who, having become

fascinated by the chimerical teachings of Mesmer, concocted the mythical, now defunct, theory of homœopathy. The law of Similars is first attacked, and claimed to be annihilated. Similarity of the symptoms, it is stated, produces an effect opposite to the disease, which is contrary to the theory of homœopathy. The writer imagines that homœopaths claim to cure diseases by the action of the drug force alone, which acts and continues its action; while the mere tyro in homœopathy could teach him that it is the reaction of the vital forces by which the cure is made. The drug force during its transient action replaces the disease force in the system, as no two similar forces can occupy the same organs, in the same manner, and at the same time. After the subsidence of the temporary drug action, the relieved vital forces resume their natural sway, thus restoring health to the patient. This theory is abundantly and logically confirmed by many illustrations in the *Organon*, although they seem to have been beyond the vision of the mentally amaurotic author of the article in the *Review*. In the pure allopathic practice no recognition is made of the reaction of the vital forces. Massive doses of drugs are given, both in opposition to the disease and health. If the administration of the drug is continued for a considerable time, the reaction of the vital forces is suppressed, and a permanent drug disease is the result. If the drug is continued but for a short time, a violent reaction of the vital forces follows in opposition to it, adding complications to the disease without promoting the cure, as in the well-established fact, capable of daily confirmation by those who use purgatives to remove constipation—the first effect being an unnatural movement, caused by deleterious effects of the drug; the second the reaction, which is permanent, causing increased and more obstinate costiveness; while a mild dose of the homœopathic remedy removes the cause of the disorder, and permits the bowels to resume their normal action. If they of the old school reply that this is mere hypothesis, we can demonstrate to the satisfaction of all candid persons that our theory is daily confirmed by practice, and that it is abundantly corroborated by acknowledged scientific laws. Again, it is claimed that although Iodine cures goitre, Sulphur the itch, and Quinine the ague, yet none of these substances have been known to produce corresponding diseases. How is it ascertained that they do not? Is it known what does produce them? Is it so absurd to suppose that the active principle which is contained in these substances may produce effects similar to the diseases? Now, we have abundant reliable testi-

mony in the provings of our Materia Medica, many times corroborated by persons quite as intelligent and worthy of credence as the contributor to the *Review*, that these drugs do produce effects similar to the diseases with which they are mentioned. Of course, the old cry of the itch being the product of the acarus will be lugged in at every opportunity; but that has long ago been met by the sufficient explanation that the poison of the insect causes the itch disease, and a similar effect can be produced by Sulphur. To state that all homœopaths are either fools or idiots, which is about the sum of the statements in regard to them made by the writer, only reflects on his own intelligence and veracity when confronted by the list of names on the roll of homœopathy. Truly, such men as Hahnemann, Hering, Jahr, Bœnninghausen, and a host of others, will compare favorably in depth of intellect and scholarly attainments with those of any other school. The assertion that nearly all homœopaths neglect to observe the rule of Similars in the selection of remedies is a paradox. If the teachings of homœopathy are founded on the law of Similars, no one can be claimed as a homœopathist who does not regard it. Such an assertion is about equivalent to saying that a bootblack does not use blacking in his calling. Besides, we know that in all genuine homœopathic colleges *similia similibus curantur* is made the corner-stone of the system.

The infinitesimal quantity of drugs in the homœopathic attenuations is the next subject of the ridicule of the writer, the mode of preparing homœopathic medicines is explained, and the inconceivably minute particle of drugs which they contain is calculated. The question is asked, can any sane mind be made to believe such trash? Will the learned writer please inform us how much in weight and bulk of the substance of small-pox, measles, scarlatina, or any other of the zymotic or malarial diseases enters the system to produce such violent, often fatal effects? Have the disease germs been seen, felt, or tasted? Yet no one denies their existence or their potency. Even in the higher homœopathic attenuations, particles of the drug have been seen with a microscope. Is it so improbable, then, that they may be capable of making an impression on the organism? How much of substance of any odorous body enters the nostrils of one perceiving its fragrance? A grain of musk may go on throwing off particles for years, filling oceans of air with its odor, without perceptible decrease in weight. Is it irrational to suppose that minute drug-atoms may also be capable of similar action within the system by developing

a sphere of force which shall be fully as potential as the perfume-atoms? Surely we have irresistible evidence in the great light of advanced science that, in order to be powerful and persistent, a substance does not need to be appreciable to the senses, and that the imponderable forces are always the greatest—as witness the effects of thought, electricity, light, and heat.

Next, it is stated that homœopaths pay no regard to pathology in the treatment of disease. What is disease? Did any one ever see it? What is called disease is the aggregate of symptoms appreciable to the senses, that is the common understanding of the term in regard to pathology. Homœopathic colleges teach anatomy, physiology, and pathology quite as thoroughly as those of the old school, and when the homœopathic physician grasps the symptoms of a disease, he is fully as capable of knowing what those symptoms denote as the allopathist. Homœopaths consider the symptoms as the effects of the invisible disease force, and the indications by which to select the remedy which, by antagonizing this force, produces a true cure. Allopathists, on the other hand, consider the symptoms as the disease, which exists without a producing cause. They strive to cure the disease by violently attacking the innocent, appealing organism, while the cause of the disturbance remains unmoved—somewhat on the principle of whipping a child for crying because some other person had secretly hurt it, or like cutting down a valuable tree because a parasite has found lodgment in its branches. The absurdity of the reported cures of ague by the 30th potency of Natrum muriaticum forms another subject of the writer's assertions against things which are beyond his limited comprehension. Yet numerous physicians, full as worthy of confidence as their opponents, have again and again produced cures by this remedy where the symptoms of the ague indicated its choice. If the writer would but turn to some of the more advanced teachers of his own school he would learn that substances, after minute division by trituration, possess more prompt action than when administered in mass, and often produce opposite effects. Hahnemann's suggestion of the administration of remedies by olfaction is given as another proof of the absurdity of his teachings; yet, the smelling of certain plants has caused poisoning, strong odors have caused fainting in sensitive persons, and the germs of malignant diseases often enter unperceived through the nostrils. Surely, all medical men are acquainted with these facts; where, then, the absurdity of this statement?

Next, it is stated that homœopaths claim to use only simple substances; yet Opium, which is included among their remedies, contains seven distinct substances. Now, this, at first sight, looks like a smart trick of the writer's. But, can he tell us what a single substance is, if one single drug is not? Is a man not a person because he is made of a multitude of different kinds of tissues, and do not all substances, when combined in fixed proportions, have the same unvarying effect when applied under similar circumstances? To speak scientifically correct, there is no substance of which we are sure that it is simple; but in the common acceptance of the word, all unmixed drugs are considered simple substances.

Regular physicians, it is said, possess no exclusive system, but accept truth from all sources. If they profess no exclusiveness, they should exclude none; yet they do exclude a theory which all candid, unbiased investigators admit to be founded on fairly demonstrated and accepted natural laws. The mere fact that the old school has accepted modes of treatment from empirics and unprofessional persons does not clear them of the charge of illiberality, if they reject, from prejudice, a whole system, advocated by many able and intelligent persons; and that homœopathy has such support cannot be denied with the shadow of truth. Neither can homœopaths be charged with exclusivism, when their system is founded on true natural laws. It is as reasonable to suppose that there can be but one true way to cure disease as there is but one way to readjust a disordered machine whose parts are composed of one undeviating pattern, subject to one unvarying mode of motion, as is the human organism and the laws by which it is governed. If diseases were not compelled to follow fixed laws, all systematic treatment of them would be impossible. Vaccine, says the writer, is no proof of the homœopathic law. Vaccine causes a milder form of small-pox by multiplication of its germs. In this way it prevents the severer form of the disease; it is not curative; vaccine is identical with the small-pox, not similar. Scarlatina is similar to measles, but does not prevent it. Each disease only prevents a second attack of the same kind. Bovine vaccine is not the same as small-pox, and it was this kind of matter which was brought into notice by Jenner to prevent as well as modify that disease, and these effects are claimed for it at the present time; and similar modes of preventing and modifying disease have been lately discovered, as that of using disease matter prepared by successive attenuations for the treatment of the identical disease which

produced it, which mode is but homœopathy disguised. Neither are scarlet fever and measles similar, in a way that true homœopathic remedies are similar to the diseases in which they are indicated; they by no means attack the same organs in the same manner, and even an unprofessional person can easily distinguish one from the other. The prevention of a second attack of scarlatina or measles has nothing in common with homœopathic cures, because the results are from different causes. One attack of these diseases extinguishes in the majority of persons the impressibility of the organism for this peculiar force by destroying the corresponding principle in the system, while other diseases excite their representatives without extinguishing them—just as some plants have annual, others perennial, roots flourishing under proper conditions; one dies at the end of the season, the other continues for years to send up shoots and bloom. Again, he says medicines are not living substances; they are not capable of multiplication; if they do good, they are curative, not preventive. No intelligent person will deny that certain substances throw off particles for an indefinite time, and in incalculable quantities, as in the case of musk; and we may safely conclude that all substances possess a similar sphere of action. Drugs being no exception to this rule, it is quite within the bounds of reason to suppose that an atom of medicine may exert as powerful an influence within the organism as the minute particles of an odor are capable of doing by external impression. There is no reason why a minute particle of a drug cannot produce an increase of its effects as well as vaccine matter.

The statement that the support of numbers is no evidence of truth, as is shown by Brahminism, Mohammedanism, and Spiritualism, is a sword that cuts both ways; for neither is the comparatively less number of the patrons of homœopathy an evidence against its truth, a well-known fact in regard to all progressive men and systems, nor is the greater number of adherents to the allopathic school an assurance of its infallibility. No one will deny that the Copernican theory of astronomy had once the fewest number of believers. Next comes the very doubtful statement that not one educated physician in one hundred is favorable to homœopathy. The same case happened in regard to Harvey's theory of the circulation; yet no one will dare to assert that his theory was wrong at that time because it was rejected by all the educated physicians of that day. The same argument will apply to the assertion that the great body of scientific medical men denounce Hahne-

mann's theories as nonsense, with the additional consideration that there is a possibility of there being quite as large a number of false scientists at the present time as in the past. Every day brings forth proof that much of what has been called science, in the past is entirely false and unworthy of that name.

Again, it is stated the people who support homœopathy are ignorant of its character. So far from this being true, many homœopathists are among the most intelligent persons in the country, and fully understand and indorse the theory, which is often far from being the case in old school practice. The simplicity and unvarying system of homœopathy places it within the comprehension of all persons of ordinary intellect. There is a tendency, says the writer, further, to put undue value on the mysterious and unknown. Had the English word "like-cures" been used, instead of the high-sounding term Homœopathy, its influence would have been much less. Now, the great difference between the early homœopathic writers and those of the schools was, that the former used plain homely terms, intelligible to the common people, for both disease and remedies, while the latter, on the contrary, gave Greek and Latin names to the most simple diseases and native drugs, seeking to hold the popular mind in sway by mystifying, much as the priest of the oracles did in former times.

Again, the writer says, homœopathy has no position in the world of science. In the land of its origin it is spoken of as a dream of the past, its practice as charlatanism and deception. If by the world of science the writer means the old school of medicine, he is right as to the position of homœopathy there; but in true science she is known and acknowledged by admitted proved laws, of which there has already been evidence produced. As to the rejection of homœopathy in the land of its origin, even if the fact were true, it would prove nothing against it, as a prophet in medicine may also be without honor in his own country, and be a true prophet, nevertheless. History is full of instances where great truths have been derided and persecuted in the place of their origin. The next statement that all who have given intelligent attention to the subject (homœopathy) admit that it cannot be sustained on any rational principle, will certainly meet the denial of all truthful persons. Such an evident falsehood and slander of numbers of great intellects who have espoused the cause of homœopathy should cause the members of the writer's own school to feel ashamed of him. The following

statements are quite as much against the writer as those whom he attacks, viz.: Those who do really believe in homœopathy, do so from the evidence of others or the supposed effects seen in disease. If all statements derived from others were obliterated, there would be no science of any kind. It is from the investigations of others, which are confirmed by our reason, that we accept anything; and homœopathy is a well-established science, not from the mere statement of others alone, but from their rationality and agreement with well-known scientific facts. As to the supposed effects in disease, this argument rebounds with equal force on the allopaths, as it is from effects in disease alone from which they form their system of treatment; while all homœopathists know, and all allopathists might know, if they would, that certain homœopathic remedies have over and over again cured diseases to which their symptoms were similar, where there was a sufficient evidence to make it highly probable that the disease was not self-limited nor the cure spontaneous.

Again, it is said, many homœopathists give large doses, so the cures may not be made according to their exclusive theory. Homœopathists do not deny that cures may be made with large doses of drugs. "Like cures like" is the main law, proved and supported by them. The question of the size of the dose is an open question. All that is maintained by homœopaths is that cures are made with small doses. Even of the higher attenuations, there always has been, and probably will be for a long time, a difference of opinion as to the size of the dose. Some use the material tinctures, and effect undeniable cures. Others use the higher attenuations exclusively, and likewise are undoubtedly successful. The sum of the evidence would seem to show that different persons and diseases are differently influenced by the drugs used, according to their impressibility, and that the size of the dose is a subject of far less importance than the similarity of its symptoms to those of the disease for which it is selected. Diseases are often self-limited, or the patient may not have had the supposed disease, are statements urged against the reliability of homœopathic cures, both of which might be equally used against all methods of cure; yet we know that under homœopathic practice diseases are cured when there is no reasonable doubt that such cures were not spontaneous, and that the natural course of the disease treated would be far more severe and prolonged. The majority of homœopaths, it is said, deny the efficacy of imponderable doses. This is far from true; but if it were true, it would

prove nothing against the law of Similars, which is the corner-stone of homœopathy. Trials have been made in the West in order to distinguish between medicated and unmedicated globules, and have failed. This statement, of course, is of no value as an argument, for we know not under what circumstances these trials were conducted. Not every person in health is perceptibly affected by small doses of homœopathic medicines; and often in disease, unless the remedy is chosen whose symptoms are similar to those of the disease, no appreciable effect is seen. The statement that there is not a tenet of homœopathy but what has been denied by numbers regarded as high authority in the fraternity, is so evident a falsehood that it needs no proof of its being so. The only scientific fact of its plausibility is that some medicines appear to have the opposite effect in small doses that they do in large ones, as in the case of Ipecac. in regard to vomiting. If the writer admits that fact, he admits the validity of the homœopathic law; for if one drug possesses this action, others may be justly supposed to do so, on the principle that drugs having a similarity of effects to a disease cure it when administered in small doses by exciting a reaction of the vital forces, when the same drug in mass causes its own peculiar symptoms.

Geology, says the writer, has many facts fixed and unquestionable, but also many contradictory and doubtful; yet geology is, nevertheless, a science, but no dogmatic creed. So with scientific medicine, but not so with homœopathy. Both geology and the old school of medicine have principles which they as tenaciously and positively assert as homœopaths do the law of Similars; and there are minor questions within the scope of homœopathy, which are likewise the subject of doubt and dispute, if that feature is a disproof of dogmatism.

The writer finishes with the statement that as modern science has demonstrated that the causes of disease are organic poisons, malarial and zymotic germs, etc., the remedies of the future must be antidotal or eliminative; and that in view of the present drift of science, the phenomenal character of disease, the existence of a scientific cause, and the present and hoped for antidotal remedies, the dream of an exclusive system is absurd, and the doctrine of like-cure, with its dependant doctrines, must recede more and more into the obscurity of past follies as science progresses. In regard to the living organisms and poisonous germs as causes of disease, homœopathy recognizes these causes, and it has been shown with abundant evidence, that our theory of medicine meets all

such points in the present, and is likely to do so in the future; and as to homœopathy and its truths receding more and more into the past at the advance of science, it only receives continually increasing confirmation from that source, as is evidenced by the increase of its practitioners and patients, and the rapid manner in which the teachings and remedies, with their mode of preparation, is being adopted by all rival schools of medicine.

Whether she admits its truth or not, it is well known that allopathy has of late years appropriated much of homœopathy, without thanks or credit.

PATHOGENESIS OF YOLOTXOCHITL.

A THESIS PRESENTED TO THE FACULTY OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA,

BY DR. I. TALAVERA, OF MEXICO.

THE YOLOTXOCHITL is the MAGNOLIA GRANDIFLORA of Linnæus (*Polyandria polygama*), belonging to the family of the Magnoliaceæ. It grows as a tree in Mexico and blooms in the spring. The flower is very odorous. Before their conquest, the Aztecs used it in the treatment of cardiac affections. From this use it derives its name, Yolotxochitl, which means "heart's flower." At present, it is used empirically by the Spaniards, generally in the form of a tincture made by maceration with sherry wine. Having had in my practice several patients who used this remedy, and having seen that in some cases it really alleviated, I thought I would test its action upon healthy persons. I made a tincture by dividing the whole fresh flower into small pieces, which I mixed with twice their weight of alcohol, sp. gr. 86°. I placed the preparation in a dark and dry place, taking care to shake it once a day. After proceeding thus for eight days, I decanted it. From this I made dilutions up to the thirtieth potency. I used various dilutions. To a lady, aged forty, I gave the mother tincture, in doses of five drops in a tablespoonful of water, three times a day. To a young man, aged twenty, I gave the sixth potency in globules in the same manner. To a lady, aged thirty-five, I gave the twelfth potency, and to two other young ladies, I gave the eighteenth. The following are the symptoms produced, to which are added some clinical symptoms: The latter are indicated by asterisks.

MIND.—*Great mental debility, with a loss of appetite;* also, with burning in the hands and the feet. Ill-humored, with

burning in the hands. *Repugnance to all occupation.* **Lassitude.* Valvular alterations of the heart. Despondency. Confusion of the mind. *Apprehensiveness.* Sadness. Impatience. *Dulness, confusion.* Uneasiness. Weakness of memory. Loss of memory for several hours. **Great mental and physical debility;* cardiac affections. Very nervous, frightened easily; illusions and hallucinations of sight, with sharp pains in the eyes. Lassitude, with loss of consciousness as to actions, with defective hearing, and sensation as if everything was at a great distance. Fears she will die. **Fear of death, with pain in the region of the heart, and cold sensation of the whole body;* valvular disease.

Sensorium.—**Vertigo, with a sick feeling in the stomach, like that produced by tobacco;* cardiac affections. Vertigo, causing loss of appetite. Vertigo in the evening, with goneness at the stomach; relieved by going to bed. Vertigo, with flushing of the face. Slight vertigo, with dislike for physical labor. Frequent *slight vertigo, commencing with blurring of sight. Vertigo, similar to that produced by sea-sickness.*

Head.—*Lancinating pains in the head.* Rapid, lancinating pains in the head and right ear. Pain in the whole head, with flushes of heat. Congestive, throbbing headache. Pain in the left temple. Pain in the occiput, as if caused by a blow. Pain in the occipital region, accompanied with pain in the upper dorsal region. Migraine. Weight in the occiput. *Lancinating pains, worse in the left side.* Headache accompanied with griping pains in the abdomen. *Lancinating pains in the head* after eating, lasting half an hour. *Pain in the temples when bending forward.*

Eyes.—*Blurring of sight. Weakness of vision.* Sharp pains in the eyes, with nervousness and with visions. Pain in the eyes from sunlight. Heaviness of the eyelids. Sensation in the eyelids as after weeping.

Ears.—Defective hearing, with lassitude. *Sharp pains in the left ear.* Sharp pain, travelling to the throat. Lancinating pains from the left ear, travelling to the corresponding shoulder. Constant pain in the right ear. Pain in the right ear only in the morning.

Inferior Maxillary.—Pain in the inferior maxillary joints. *Lancinating pains in the joints.* Pains in the joints, increased by pressure; also impeding the opening of the mouth. Sharp pain going to the ear. Pain in the right side of the body of the maxillary.

Mouth.—Sharp, shooting pains in the teeth. Soreness of the teeth, impeding mastication. Pain relieved by tepid water.

Throat.—Difficult swallowing. **Constriction in the throat;* cardiac hypertrophy. *Difficulty in swallowing the saliva.* Sensation as if there was an accumulation of mucus in the throat, with fruitless attempt to remove it. *Constriction, with burning in the throat.* Constriction worse on the right side; also, when bending forward. Pain in the throat only when turning the head. Pain in the throat, which wakens him often during the night. Constant pain in the throat. *Dryness and burning in the throat.* Burning accompanied with pain in the pit of the stomach and often extending to the abdomen. Redness of the fauces.

Stomach.—*Sickness at the stomach, like that produced by tobacco.* Loss of appetite, after an attack of vertigo. **Faintness in the stomach, with mental and physical debility;* cardiac affections. Loss of appetite, with general lassitude. Sensation in the stomach as if from hunger, with acidity. Pain in the stomach as if from a blow. *Pain in the stomach, with languor.* Rapid, strong, pulsating pain in the stomach and in the left side of the abdomen. Pain in the stomach, extending through the abdomen and accompanied with burning in the throat. Pain in the stomach, extending to the hypochondria. Burning pain in the stomach, extending to the chest. Pain, with griping in the intestines. *Goneness in the stomach.* **Nausea, with vertigo;* aortic aneurism. Pain in the stomach every day during the proving. Nausea when rising in the morning, disappearing after taking breakfast.

Hypochondria.—Constrictive pain in the liver and in the spleen. *Constant pain alternating between the spleen and the heart.* Pain in both hypochondria, with suffocation. Contusive pain in liver and spleen, extending to the stomach. Lancinating pain in the liver.

Abdomen and Stools.—Griping in the abdomen. Pain from pressure. Griping with desire for stool, which is ineffectual. Colic. Diarrhœa, with pains in the abdomen. Flatulency. Pain in the left groin, lasting for twelve hours.

Sexual Organs.—Very painful menses. Flow pale and scanty. Menses delayed twenty-four days. Menses preceded by pain in the small of the back, hypogastrium and thighs; severe headache; flushes of heat to the face; nausea and chill. When the menses began, they lasted for two days and consisted of coagulated blood; then they intermitted for eight days, after which they returned normally. Sanguineous flow in the interval between the menses, lasting several days. Congestion of the left ovary, with pain, extending to the left thigh.

Pain in the hypogastrium. Pain in the hip. Thick white or yellow leucorrhœa, with straining when urinating; also, with constipation.

CHEST.—*Suffocation.* **Difficult breathing, caused by pain in the heart.* Alterations of the valves of the heart. *Rheumatic pain in the right side of the chest, impeding respiration, and after lasting half an hour, changing to the left side, attacking the heart, and producing fear of death, with coldness of the whole body. Suffocating paroxysms of suffocation.* Suffocation after a meal, with desire for pandiculations. Suffocation, with uneasiness. **Breathing frequent, with palpitations and suffocation;* cardiac affections. *Suffocation when lying on the left side. Great suffocation when walking fast.* **Dry cough.* Aortic aneurism. Dry cough during the day, relieved when going to bed at night. Hoarseness. Violent lancinating pain in the right side of the chest. Pain in the anterior portion of the chest. *Erratic pains in both sides of the chest. Stiffness of both sides of the chest. Stitching pains in both sides of the chest;* or, only in the right side of the chest. *Tiredness of the chest.* Pricking in the right side of the chest. Pain in the chest, accompanied with suffocation and headache. Contusive pain in the chest and headache. Pain in the right side of the chest, with suffocation. Constriction as from a band around the chest on a line just beneath the axilla. Stiffness of the chest as from exposure to a draft, when overheated. **Rheumatic pain in the clavicles.* **Pain in the cardiac region extending to the left shoulder and sometimes to the back.* Endocarditis. Soreness in the cardiac region after the disappearance of the pain. *Pain in the heart only when breathing deeply.* **Crampy pain in the heart.* Aortic aneurism. *Rheumatic pain in the heart and left shoulder. Pain in the heart, with fear. Cardiac pain, going through to the back.* Alternating pains from heart to left shoulder. *Cardiac pain, with lassitude.* **Crampy pains in the heart, alternating with lancinating pains;* articular rheumatism, with endocarditis. Pain in the heart only in the morning when breathing deeply. **Pain in the heart, with constriction of the throat;* aortic aneurism and cardiac hypertrophy. *Stitching pains in the heart. Acute pains in the heart.* **Pain in the heart, accompanied with suffocation and constriction of the throat;* pericarditis, with general rheumatism. Pain in the heart, accompanied with itching in the feet. *Pains, with emptiness of the stomach and lassitude. Pain in the heart when lying on the left side.* Pain in the heart every morning when rising, which disappears in a short time. Weak and

frequent pulse. **Palpitation, with fear;* cardiac affections. Sensation as if the heart had stopped beating.

Neck and Back.—*Tiredness and stiffness of the neck and back.* Stiffness and contusive pain in the neck. Sensation of weight in the neck; sensation of tiredness in the vertebral column. *Pain in the back, coming from the heart.* Tiredness of the back impeding motion. Stitches in the right side of the back. **Rheumatic pains in the back; also, when alternating with similar pains in different parts of the body.* Burning pain in the back, lasting twenty-four hours. Pain in the back, accompanied with pain in the left side of the chest. Sharp pain in the small of the back. *Pain in the dorsal and sacral regions.* Sharp pain in the sacrum. Tingling burning pain in the back like that after overexertion of the arms as after constant writing, rowing, etc.

Limbs.—*Pain in the left shoulder, extending to the heart.* Pain in the left upper limb, with loss of strength. Burning in the upper limbs. *Rheumatic pain in the right clavicle.* Stinging sensation in the arms. Pain extending from the left shoulder to the left ear. **Numbness of the left upper limb;* cardiac affections. *Muscular rheumatism of the left arm. Sharp pain in the metacarpo-phalangeal articulation of the right thumb. *Weakness of the arms.* Rheumatic pains in the wrists. Rheumatic pains in the lower limbs. Pain and tiredness in the thighs on *rising in the morning; alleviated* at midday. *Stiffness of the lower limbs.* *Sharp shooting pains in the lower limbs, going from the thighs to the feet. Rheumatic pains in the tibia. Rheumatic pains in the left knee. Pain and tiredness in the legs. Uneasiness in the left leg, and rheumatic pains in the thighs. Itching in the feet. Rheumatic pains in the soles of the feet. Burning in the hands and feet. Lancinating pains in the anterior part of the elbows and in the popliteal spaces. **Sharp shooting pains in all the limbs.* Tiredness of the limbs.

Sleep.—Sleeplessness early in the morning. **Restless sleep, waking frequently as if frightened;* cardiac affections. *Awaking frequently from sleep, caused by stitching pains in the heart.* Sleeplessness from burning in the throat. Sleeplessness from general stiffness, which impedes motion, accompanied with pain in the heart and apprehensiveness. Extravagant dreams. Yawning and sleepiness during the day.

Chill and Fever.—Erratic chills. Chill in the afternoon, following by fever lasting into the night; does not know at what hour it disappeared. Fever, with burning in the throat, and with headache. Fever lasting three days.

GENERALITIES.—*Tiredness. General stiffness, relieved by dry weather. Stiffness in the limbs. General weakness.* Complete loss of strength. *Stiffness from the slightest exposure to a draft of damp air.* Averse to motion. Dislikes to go out. *Sharp, erratic, or rheumatic pains in the limbs.* Alternating pains in the joints. Rheumatic pains in different parts of the body, which disappear when the prover rises in the morning. The pains are relieved by dry weather. **Various kinds of pain in different parts of the body, but especially in the joints, constantly changing from place to place.* Contusive pains in all parts of the body. General soreness, which disappears on exercising. Heavy feeling, as when one has had no sleep. Tired feeling of the legs, as after running. **Rheumatic tendency.* Pains in the joints, as from a sprain. Prickling in the whole body. Heat throughout all the body. Itching throughout the body, and sometimes accompanied with constant uneasiness of the legs. Heat, and flushes, with sweat. *Constant heat of the hands.* Uneasiness of the hands, compelling constant rubbing. General itching, but especially of the feet. *Emptiness of the stomach, accompanied with general lassitude, vertigo, and nausea.* The cardiac and rheumatic pains generally diminish in the morning, sometimes after rising.

STAGES OF LIFE—CONSTITUTION.—Rheumatic diathesis. *Rheumatism, with endocarditis; in two ladies. Valvular affections. Cardiac hypertrophy. *Angina pectoris; lady, with aortic aneurism. Gout (?). *Muscular and articular rheumatism; several patients. Chlorosis, with palpitations, suffocation, and pleuritic pains.

The provings were conducted during a period of thirty days. The supposed duration of action of the drug is thirty-five days.

I think that the YOLOTXOCHITL, when thoroughly proved, will be found to possess great value as a medicine.

Many Mexican plants have been successfully used as popular and empirical remedies. How much their value would increase, if they were properly proved, can only be surmised. But, reasoning from analogy, such increase would be almost immeasurable.

CAPILLARY BRONCHITIS.

BY MARTIN DESCHERE, M.D., NEW YORK CITY.

(Read before the American Pædological Society, June, 1882.)

THE office of the respiratory organs being the oxygenation and decarbonization of the blood, it is evident that any diseased condition of these organs must be injurious to the health

and life of the individual in direct proportion to the area of the affection.

Passing by the diseases of the large channels, as the nasal cavity, an obstruction of which may be compensated by air passing through the mouth, the scene changes as soon as any obstruction is met at or below the larynx. Then air can reach the blood only with difficulty, and oxygenation as well as decarbonization become insufficient. In vain are the heart and lungs warned through the pneumogastric by the carbon irritation of the respiratory centre; in vain does the never-resting engine throw her torrents of blood towards the air-supplying surface with increased rapidity; in vain are all respiratory muscles exerted to open the gates and to expand the lungs, as nature calls upon all the means at her disposal to guard her work against destruction.

It is evident that the greater or lesser danger from obstruction depends on two factors: the *calibre* of the tube which is obstructed, and the *material* which obstructs.

If tubes of large calibre, say the trachea and larger bronchi, are filled with a fluid, as mucus secreted by their walls, so that air can bubble through, the difficulty of oxygenation will depend on the consistency of this fluid, whether tough or watery; but air will penetrate. Thus we have it in catarrhal laryngitis, tracheitis, and bronchitis.

Should the obstructing material be of a dense, fibrinous character, even in the large tubes, air cannot penetrate, and carbonization with suffocation are the consequences. Thus we find it, for instance, in membranous croup.

But in the finer air-tubes a liquid has the same effect as a dense fibrinous material. For the minute calibre of the tubes does not allow any air to pass, and thus arises the danger of carbonization and suffocation in the picture of *capillary bronchitis*. On account of the narrowness of the tubes, the inflammatory swelling of the lining membrane of the bronchioles alone is sufficient to produce suffocative attacks (bronchitis sicca).

Viewing the subject from this standpoint, I think that all pathlogical difficulties vanish, and that we may regard the affections known as simple and capillary bronchitis as different grades of one and the same process.

The next anatomical step in the progressional advance of capillary bronchitis is into the air-vesicles, which condition presents itself under the form of *catarrhal* or *broncho-pneumonia*.

If we therefore regard the catarrhal affections of the respiratory organs as one and the same process, graded according to the localities involved, the characteristic individualities will present themselves in accordance with the physical condition of such localities; and as these pass into each other gradually, an abrupt transition in the symptoms of either is impossible.

The diagnostic points of distinction between simple bronchitis, capillary bronchitis, and broncho-pneumonia are therefore purely theoretical. Practically all these conditions have to be regarded as different grades of one affection.

The symptoms (with which I naturally include the physical signs) explain themselves, and are a clear representation of the different grades of the affection. Thus, Day says: "The general symptoms of the acute form depend on the extent to which the respiratory tract is involved." (Day's *Diseases of Children*, 2d ed., p. 414.)

The method to be pursued in making an examination depends entirely upon the age of the patient. If an infant at the breast, its very manner of nursing will give valuable indications as to the extent of the disease, which will frequently correspond to the degree of dyspnœa present, as the child, after a few attempts to draw, will let go of the nipple for the purpose of taking breath. Still, this condition will have to be distinguished from simple stoppage of the nose, which will also cause this same interrupted nursing, and for the same reason.

Just here is a valuable point of diagnosis. "Children who are able to scream for any length of time without coughing, certainly do not suffer from bronchitis." (Henoch, *Vorlesungen ueber Kinderkrankheiten*, p. 810.) Henoch so highly values this symptom of interrupted nursing that he advises always having the child put to the breast in the presence of the physician, to enable him to judge of its manner of nursing. (*l. c.*, p. 311.)

During auscultation, I am never disturbed by the infant's crying, which cannot be avoided. The deeper inspirations necessary between the separate cries are a great aid to this part of the examination. But as the signs, when present, are pretty clearly developed generally, I finish this investigation as quickly as possible, because the crying produces cough, and thus causes unnecessary suffering.

Percussion will give most unsatisfactory results, and I never practice it unless some suspicious symptoms point toward pneumonia.

Children from one to three years of age should be examined

while in an upright position (sitting on the mother's or nurse's lap). Here a little kindness and tact will generally succeed, except in "crude-antimony children," who do not want to be touched. But this very peculiarity is an excellent indication for the drug, under the influence of which our patient is safe until the next visit, when you will find him of a more amiable disposition.

I make this minute description because I know that many difficulties arise from a deficient examination, through which difficulties the physician loses his patience, and frequently with it, his patients.

The cough, although a most prominent symptom, must not be taken as a guide to the severity of the affection, for I have seen cases of extensive inflammation, indicated by the pulse, temperature, respiration, and the physical signs, where the cough seemed suppressed. Again, during convalescence I have observed a continual harassing cough, which would exhaust the child, while all other symptoms were most favorable. This latter condition I noticed mostly in self-willed, nervous children, who work themselves into a passion, which culminates in such an attack of coughing.

The best and most reliable guides to diagnosis and prognosis are the *temperature* and the *relation of respiration to the pulse*, in connection with the *manner of breathing*.

In young subjects especially, forty to fifty respirations per minute may be observed, without necessarily denoting great danger. But if a rise to sixty or eighty and more respirations takes place, it is a sure sign that the finer tubes have become involved. The quicker the respiratory movements, the shorter and more superficial will they be. At the same time, inspiration becomes more labored, all the auxiliary muscles are brought into play, and the presence of a moan with each expiration is pathognomonic of grave respiratory affection. Auscultation at this time will give rattling noises of all qualities, as the large tubes participate. Percussion will be normal.

The relation of respiration to pulse is of great importance. It may change from the form of one respiration to three or four beats of the heart, to one respiration to two beats or less, according to the severity of the attack. As long as this relation does not exceed one to two (with a pulse of 144–150 in children below the age of two years) we need not be alarmed; but if it becomes one to two or even closer, there will be danger of collapse. And if respiration reaches 100, with a pulse of 200 or more, paralysis of the heart may set in from overstrain, though here the ratio is but one to two.

In my experience, and that of many others, the temperature will not rise above 103°, even in uncomplicated capillary bronchitis. A sudden rise to 104° or 105° is to me a sure indication for additional broncho-pneumonia, even if the physical signs are negative. All observers agree on the unsatisfactory results of percussion gained in this form of pneumonia, and if we consider the gradual and dispersed manner in which the inflammation spreads into the air-cells, affecting only small points at one time, these results are easily understood. Therefore, we have no right to deny positively the presence of pneumonia, even at a temperature below 104°.

As these things cannot be scientifically investigated, without a post-mortem examination, they are of a purely theoretical value, and may interest the pathologist. From a clinical point of view such hypotheses must not disturb us. They only tend to confuse matters, and nothing is gained by the controversy.

To recapitulate, therefore, our cardinal points for diagnosis are, frequency and mode of respiration, its relation to the pulse, and the behavior of temperature.

Physical exploration is of less importance, but it may give additional proof for the correctness of our conclusions, and must not be neglected. It will certainly show the seat and extent of the disease.

Regarding the treatment, all authors agree as to rest (if possible, in bed), and an even temperature of the room. But in the field of therapeutics our allopathic friends are lost.

In mild cases of "simple bronchitis" they prefer doing nothing but attending to hygienic measures, with, perhaps, a mild febrifuge or expectorant. Henoch says, if anybody thinks that he must give something, he would advise small doses of Antim., sulf. aurant. (a good homœopathic prescription).

However, in the grave, acute, or capillary form, the shades of Broussais are worshipped again, and the wasting of two or four ounces of blood would be (according to Meigs and Pepper) "a useful and legitimate practice."

Day (*Diseases of Children*, 2d edition, page 422) does not believe in this. He says: "In children the constitution is generally not robust enough to stand it, and it must not be reckoned among the appropriate remedies."

The German writers are positively against it, except Henoch, who, however, advises great caution, and would only think of it in full-blooded, formerly healthy children (*l. c.*, p. 323).

Weil, in Gerhardt's great *Handbuch der Kinderkrankheiten* (volume 3d, 2d part, page 449), is of the same opinion, while Gerhardt, in his *Lehrbuch* (page 334), says: "Forcible interference with bloodletting, emetics, and nauseating mixtures rather leads to the severe forms of bronchitis, than to healing the lighter ones."

It would be ridiculous to speak of the homœopathic treatment of capillary bronchitis. Hahnemann's cardinal rule to treat the patient, and not the disease, or a pathological condition of theoretical and hypothetical origin, will be the cornerstone of success here, as everywhere.

I know full well that, in the treatment of children, our greatest obstacle lies in the want of the totality of symptoms for the selection of the remedy. The subjective perceptions are entirely wanting, and even the objective signs are incomplete, as, for instance, the sputum in bronchitis is missing in children under five years of age. But just this is the reason why a homœopathic pædologist must be a careful observer, who, from closely and patiently watching the little sufferer, will be able to form logical conclusions, as to the links in the chain of symptoms.

The keynotes for the selection of the homœopathic remedy must be looked for in the character of the cough, the manner of breathing, its character and frequency, the mental condition, and the sleep.

After that we must take into consideration the general appearance as to constitution, and grade of prostration, the extent of the affection, manifestation of fever, pulse, temperature, appetite, thirst, stool, urine, etc.

The first line of symptoms will give the most characteristic indications, as they contain the individual peculiarities; while the latter ones are of more general value, and will only confirm or rarely modify our choice of the remedy. Still they must all be weighed according to their prominence and mutual relation.

To begin at the beginning, I must say that two grave mistakes are frequently made with Aconite, the remedy par excellence "when the fever runs high."

Is that individualizing? Turn over the leaves of our *materia medica*. Do not almost all remedies produce their own particular fever, many of which run high, very high? It is, therefore, a grave mistake, or as Dr. Lippe would say, "a fatal error," to give Acon. simply because the fever runs high. It will but too frequently deceive.

The second mistake is to change Acon. for another remedy when the fever decreases and the cough becomes loose.

So long as Acon. produces such a favorable change, why not continue it, as we would any other drug under the same circumstances? But if our patient has received enough of it, and is improving, then stop all medication, and, if necessary, give Sac. lac.

The indications for Acon. should be more precise than those furnished by high fever, dry cough, and great restlessness, which it shares with other remedies. There should be present, a short, dry, hacking, or sometimes ringing cough, worse after drinking cold water, and lying on either side, while lying on the back partially relieves it. The child may grasp its throat every time it coughs. The breath is hot, while the mode of breathing has nothing characteristic; it may be labored and anxious, or quick and superficial, or deep, slow and sighing.

The character of the pulse is very important for Acon. In inflammations it is hard, full, and strong. Restless sleeplessness, continual tossing about, with eyes closed.

The quantity of the urine is greatly diminished even to retention. The urine is hot, dark-red, brown and turbid. The child is restless before urinating, and frequently cries during the act.

The restlessness of Chamomilla is much more of a nervous, passionate character; the movements are rather of a spasmodic nature. The child works itself into a passion, at the height of which it will be seized with a long-lasting exhausting cough. The cough will also be dry (as in Acon.) but only so about midnight, being looser in the daytime. With the cough, we notice a rattling of mucus in the trachea. The pulse is much smaller and weaker than in Acon., frequently unequal, changing from weak to tense and accelerated. The urine is also scanty and painful, but rather yellow, and its turbidity is of a clay-color. Cham. is of great value in the bronchitis of teething children.

Another remedy, which I should never like to be without in the treatment of this affection, is Cina.

It is, so to say, of a higher pitch than Cham., and simulates more threatening conditions. The child is uncontrollable, but deathly pale constantly, whether quiet, coughing, or crying. It screams when approached or touched. The breathing is short, at times interrupted, imitating Cheyne-Stokes respiration. The cough is like that of Acon., dry, short, hacking, especially at night; sometimes gagging, and the child may seem to swal-

low something immediately after coughing. Unlike the two remedies above-mentioned, the urine is copious, and passed frequently. As soon as the child falls asleep, it starts, screams, and kicks. Convulsions may be apprehended at any moment.

In such apparently alarming conditions, a few doses, even a single dose, of Cina 30th or 200th, will change the scene to a quiet repose. The physical signs may point to Phosphor. or Tartarus emeticus, but when the above nervous conditions are present, Cina will have to pave the way for their use. Such conditions are not unfrequent in nervous children, even when free from the intestinal irritation of worms.

The most suitable remedies in bronchitis are undoubtedly Phosphorus and Antimonium tartaricum. The indications for both are too well known to need repetition here. Still in regard to Phos., I should like to call attention to a peculiarity diametrically opposite to Lachesis. "The cough and condition of the patient are always better after sleep." This is especially valuable when the disease has become chronic, and a barking, croupy cough remains.

Phos. is indispensable in the true capillary form, mixed with broncho-pneumonia. The pulse and temperature run high. The pulse is full and hard, as in Acon., but the time for this latter remedy has passed. Also in cases where prostration is marked, and the pulse becomes small, weak and frequent, Phos. is highly valuable. It must then be repeated according to the intensity of the symptoms, every *five to thirty* minutes, extending the interval when improvement sets in.

About Ant. tart., I have frequently heard the remark, that it is indicated only when fine râles (in the smaller tubes) are predominant, while Ipecac. is said to correspond to the coarse rattling (in the larger ones). Hering has it so in his *Condensed Materia Medica*, while in his *Guiding Symptoms* he heavily marks under Ant. tart., "Such rattling that it threatens to suffocate the child. Respiration, with great rattling of mucus." Again we should remember the characteristic symptom, "when the child coughs there appears to be a large collection of mucus in the bronchial tubes," and if we listen to the chest, we hear the snoring, coarse, rattling breathing all over that region.

The above symptoms all indicate Ant. tart., and the physical signs in addition will prove that this remedy is well suited in cases where the chest is filled with mucus to the top of the throat, and consequently coarse râles prevail.

Considering the excessive exhaustion produced by Ant. tart.,

we readily understand that it is of high value in impending paralysis of the lungs, characteristic of capillary bronchitis mixed with broncho pneumonia.

Drowsiness, face deathly pale, bloated or livid, eyes sunken, with blue margins; abdominal, panting respiration; unequal, intermittent breathing during sleep,—all these symptoms strongly call for Ant. tart.

The Ant. sulph. aur., lately advocated again by old-school physicians, has been obsolete with them for many years. Do not ask them "Why?"

Though its proving is yet meagre it acts most charmingly in scrofulous children attacked with acute or chronic bronchitis, with profuse accumulation of mucus; especially when they are taciturn, obstinate, fretful, and peevish. The appetite is entirely lost, breath foul, tongue thickly coated. Perhaps the two atoms of Sulphur which it contains more than the Ant. crud., give it a deeper action on the system generally, where the latter drug seems to be indicated but fails.

Ipecacuanha is differentiated from Ant. tart. as follows: First of all, the bronchial râles are finer throughout, and if coarse, they are not so constant and prominent, as in Tart. emet., but appear rather with deeper inhalations. The cough of Ipec. is more spasmodic, and the tendency to vomit is greater with this drug. In Antimony the tendency to pulmonary paralysis, general exhaustion, and collapse is greater, while in Ipec. the spasmodic character prevails with the prostration.

Many other remedies have been successfully used by different physicians on special indications, as Hepar, when the cough is croupy, but when, as Prof. T. F. Allen appropriately describes it, "the sharp edge of the cough is broken off." It is rather a choking, phlegmy cough. It is frequently called for after the exhibition of Ant. tart.

The keynote for Lycopodium: "The fanlike motion of the alæ nasi," is not a simple rising and falling of these parts, as Belladonna and some others have it, and which has disappointed many, but the nose is widely dilated, like the end of a trumpet, and then forcibly contracted.

Arsenicum is another remedy of high value in capillary bronchitis. Excessive anxiety, as expressed in the face, which is earthy gray, sunken, or œdematous; the child cannot find rest anywhere, changes continually from bed to lap and *vice versâ;* burning heat, with great thirst for small quantities of cold water: these are the well-known characteristics which call for Arsen. and seldom in vain.

With Dulcamara, Chelidonium, Bryonia, Gelsemium, Eupatorium, Rumex, and Veratrum viride, I have had little experience.

In conclusion let me say that there should not be any more difficulty in the treatment of capillary bronchitis than of any other diseased condition; that we should not be misled by supposed pathological conditions, nor that we should give preference to any drug recommended in the books for such conditions. We must be guided strictly and only by the facts presented to our trained senses and reason, and select carefully from the wealth of our materia medica that drug which alone will answer our purpose though it may never have been thought of in that connection before. Let the homœopathic physician ever remember, "The more haste the less speed."

HYPERICUM IN PROSOPALGIA.

BY F. F. LAIRD, M.D., UTICA, N. Y.

(Read before the Homœopathic Medical Society, of Oneida County, June, 1882.)

JUNE 9TH, 1881. H. B——, aged 60, nervo-bilious temperament, sallowish-white complexion, blue eyes, and auburn hair, consulted me for a severe left-sided prosopalgia, which had not only proved utterly rebellious to old-school treatment, but even baffled the scientific skill of the quack-medicine hero! Two years before, while shaving, he had cut off the top of a "cold sore," which was located just above vermilion border of upper lip, opposite the canine fossa, the scar being still visible. Three days after this cut, he was seized with a severe attack of neuralgia in the whole left side of the face, the pain commencing at the cicatrix, and extending thence to left alveolar process, cheek, and temple. This soon passed off; but during the following year was repeated, on an average, every two months, any little exposure being certain to produce an attack. Since July, 1880, the paroxysms had been gradually increasing in severity and frequency until, at the time of his visit to me, they were recurring with scarcely a day's intermission. His failing memory had compelled him to abandon his business, and morphine had become his constant companion. His condition was truly pitiable, the drawn-up lip, the haggard countenance, the hesitating answers, and the exquisite sensitiveness, all proclaiming his terrible suffering. His symptoms on June 9th, were: *very acute stabbing pains, "commencing at the gum" (teeth), involving left ala nasi, cheek, eye, and*

whole left side of head; occasionally pain commences in back of neck, and passing up over left side of head settles over left eye; eye injected; "feels as large as a bushel basket," with stabbing, sticking pains through ball, worse from pressure; profuse lachrymation, with constant flow of water from nose, and stabbing pain in left ala; left side of face extremely sensitive to touch, flushed dark-red, with twitching of facial muscles, and of eyelids, especially left; head feels too large and left scalp very sore. Catching cold, touching face, or even scratching head, will bring on the pains, which are *aggravated by motion and noise*, and relieved by nothing except morphia. Dull headache at all times; very tight feeling in line of supraorbital ridge across forehead: *gloomy, with inclination to suicide; palpitation of heart; pulse slow* (45) *and full; has to urinate from four to six times every night; rheumatic pains all over, worse in damp weather; mouth very dry on awaking, and breath very fetid.*

The foregoing symptoms presented a perfect picture of Spigelia, the 10th potency of which was given in water, 3 p.d.

July 1st, 1881. Has never been so free from neuralgia. Does not have to urinate so often at night; constant, dull headache; back aches when tired; memory about the same; recipe continued.

July 21st. "He is like a new man." Still has "slight twinges now and then." Memory very much better; has resumed business.

The improvement continued until August 15th, when, consequent upon a "cold," he had a very severe attack, lasting for a week, followed by several others during September.

Spigelia failed, although the scale of potencies was faithfully tried. Mezereum met with no better result. I then determined to thoroughly excise the cicatrix, being confident that the neuralgia was due to entanglement of a nerve filament which was compressed by the cicatricial tissue; but while thinking over the case, I recalled a cervico-brachial neuralgia which, caused by a similar injury, had been successfully treated at the Hahnemann College Hospital in Philadelphia, with Hypericum, by Professor Charles M. Thomas. Without much faith, and rather as a forlorn hope, I gave Hyperic.^{15x} every four hours in water. One week later the patient had a slight paroxysm, "nothing *like* the old ones, but still pretty hard." Hypericum^{2x} was now substituted, and the improvement was rapid. The "twinges" grew "beautifully less," and in three weeks had entirely disappeared. Last week the patient informed me that he had been perfectly free from his

old enemy for over seven months, and believed he was permanently cured.

Under the proving of Hypericum in Allen, we find the following symptoms: "Remarkable weakness of memory after the proving; feeling as though head were as large and long again as usual; face seems puffy in the evening; pains in face, starting from a hollow tooth, worse at night; feeling of tension in cheeks from noon till evening; a kind of contraction in left zygoma in morning; dull, jerking pains in cheeks; tension, aching in eyes, with stitches and tearing in *right* eye; nightly urging to urinate, with vertigo; pulse quick, hard, and frequent."

Surely not a very close resemblance to my case!—The patient could not even boast of a hollow tooth, having had several sound ones on the affected side extracted in the hope of finding relief! The most carefully regulated hygiene, and the *symptomatically* indicated remedy failed. Why was Hypericum prescribed? Alas for the anti-pathologists! "'Tis pity, and pity 'tis, 'tis true,"—*on a pathological basis!*

TWO CASES FROM PRACTICE.

BY J. B. KNIFFIN, M.D., PHILADELPHIA.

October 11th was called to see Miss S——, aged 22. I learned that my predecessor, an allopath, had diagnosed the case, and treated it as brain fever.

I found her exhibiting mild delirium, laughing, singing, and exceedingly talkative, but absolutely sleepless, even under the most potent drugs. The pulse and temperature were normal. The singular feature of the case is, that at no time did either indicate any fever. Bowels constipated, and tongue slightly furred. There was some headache, but not severe.

I gave Stramonium[30] in water every hour. This gave her a quiet night, with some sleep. Next day much improved. Continued same remedy, at longer intervals, for two days, when there occurred loose, fetid discharges from the bowels. There was evidently a typhoid condition without the fever.

Mrs. S——, in her seventh confinement. She informed me that in all her previous periods of lactation, she had suffered the most excruciating, drawing-pain, at the time of nursing. It felt as though a thousand cords, from all parts of the body, were converging in the nipple, through the lacteal ducts of the gland, and were being drawn by the babe. There was not

the slightest soreness of either nipples or breast, and after the breast was partially emptied, the pain became less. This state of things under allopathy had always continued for some three months. I at first thought of Croton tig., which I have found exceedingly useful for a drawing pain extending through to the back, in cases of sore nipples. I gave it in the 200th, but with no relief. After a careful search, I found similar symptoms under Kali carb., which I gave in the 200th. The cure was complete.

Miscellaneous Contributions.

ARCTIUM LAPPA—THE ANCHOR OF THE WOMB.

BY S. A. JONES, M.D., ANN ARBOR, MICH.

Dr. Hale's communication, in the August issue of this journal, putteth me on confession. Be it known, then, to whomsoever it may concern, that some two years or more ago, and with the aim of keeping off the devil—

> For Satan finds some mischief still
> For idle hands to do—

the deponent did write "An Empirical History of Arctium Lappa," in the doing of which he gleaned the centuries from the days of Theophrastus—some 400 B. C.—to the last edition of Hale's *New Remedies*, *anno* 1880.

Upon the completion of which—that is, "completion" only so far as the resources of his own library will enable—the manuscript was laid aside until provings of the drug could be made; whereupon all should be published.

Provings have been made, but not enough, and the work lingers. Who will give timely aid?

An introductory foot-note to the above-mentioned manuscript will fully subserve the purpose of this paper.

"This attempt at an empirical history of *Arctium Lappa* is owing to my having witnessed the very striking benefit derived from a decoction of Burdock in a prolapsus uteri—I should say, procidentia—of some twenty years' *falling*.

"Said the sufferer, 'It seemed to draw the womb right up; but it made me very constipated.' This patient is past seventy years of age, and the prolapsus is complete, she having to push back the uterus with the finger in order to micturate.

"My aged patient learned of *this* use of Burdock from a similar sufferer: an instance of the wort-cunning (herb-knowing) of our Anglo-Saxon ancestors lingering amongst the folk-lore of the nineteenth century.

"To-day, the last remnants of this wort-cunning are found almost chiefly amongst the 'old-fashioned' people, with whom oral traditions largely fill the place now occupied by the ever-busy printing-press. The book and the newspaper are making it unnecessary for our moderns to treasure in memory what they can find in print, and beyond a doubt this day of wort-cunning is dying out; a coming generation will have to seek it in old herbals.

"It was, then, an attempt to trace this genealogy of the use of Burdock for *prolapsus uteri*, that led to the writing of this paper.

"In *Adam in Eden, or Nature's Paradise—The History of Plants, etc., by William Coles, Herbarist, London*, 1657, I found the following:

"'The leaves of the greater *Burdock* are said to be of great efficacy for bringing the matrix into its right place whensoever it shall be out of it, for if it be fallen down, the leaves laid upon the crown of the head will draw it up; and if it should rise higher than is meet, as it oftentimes doth, if it be laid to the soles of the feet it fetcheth it down, and, being applied to the navel, it suffereth it to stir neither way.'

[Alack-a-day! I am afraid it will be in great demand after this paper is printed.]

"Of course this was the *scent* to a little book-worm, whose 'vacant chair' leaves him time to gather that divine *fructus inter folia*. To share his fruit enhances the pleasure of getting it; and if these garnered hints should lead to a proving, even the *immovable* matrix will surely bring forth."

This much of the introductory foot-note will serve our present purpose.

Now, Dr. Hale writes of "Dr. Jones's discovery," and cites Culpeper as knowing of this attrahent power of Burdock, and all this kindly. Of course I must disclaim any "discovery," and I will use the occasion of so doing to try and trace the ascription of this curious womb-drawing power to its origin.

Dr. Hale says the first edition of Culpeper's *Herbal* "was issued about the year 1750." This is an error, the real year of its issue being 1653. Then, as William Coles published his *History of Plants*, from which I have quoted, in 1657, it is evident that he may have gotten his information from Culpeper.

Still, Culpeper is not the English original, as will be seen by a glance of the previous century. Then the botanists and their humble followers, the herbarists, were exceedingly active.

In 1551 William Turner published the first part of his *New Herball;* in 1554, Matthiolus issued his *Commentary on Dioscorides;* in 1562, came Turner's *seconde parte,* and in 1568 the *third parte.* In 1570 Lobel, "a naturalized Englishman," brought forth his *Stirpium Adversaria,* and this was followed in 1578 by Lyte's translation of *Dodorus.* In the very next year came Dr. William Langham's *Garden of Helthe,* of which more anon. In 1597 old Girarde published his ever-famous *Herball;* and in 1598 Gaspar Baukin erected that "abiding monument of the first age of botanical revival," his *Commentary on Dioscorides,* etc.

The before-mentioned William Langham's *Garden of Helthe* contains the following:

"The leafe [of *Burre,* as he calls it] laid on the top of the head draweth the matrix upwards, and laid to the soles of the feet it draweth it downward, and so it keepeth the suffocation, and the falling or displacement of the matrix."

This is the earliest mention that I have found in English literature of this womb-drawing power of Arctium Lappa, and the only other assertion of its having this property, so far as my knowledge goes, is made by *Arnaldus de Villa Nova.*

This author will be remembered as the editor of and commentator upon the first edition of the ever-worthy *Regimen Sanitatis Salernitanum.* So then we have four centuries testifying to this occult quality of the common Burdock.

It seems to have followed man in his migrations from the Bosphorus to the fens of England, and thence to the wilds of America. Does this omnipresence hint that it follows the race, because they have need for its virtues?

There is very much known of it that urges its exhaustive proving; for instance, Sir John Hill wrote a book, entitled *The Management of the Gout, with the Virtues of Burdock Root.* A copy of the *eighth edition,* 8vo., 1771, lies on the shelves of the London Medico-Chirurgical Society's library. Will some of our English colleagues lend me their eyes, and excerpt the said "virtues" for us?

MICROSCOPIC FALLACIES *versus* "THE LYCOPODIUM FALLACY."

BY ROLLIN R. GREGG, M.D., BUFFALO, N. Y.

I WAS glad to see Dr. Winslow's paper upon "The Lycopodium Fallacy," published in the HAHNEMANNIAN MONTHLY; and I read it with no little interest. But as it is utterly impossible for the microscope to furnish us with facts

which concern the action of drugs in any potency, upon animal life, I desire to illustrate with cases that facts can be obtained from therapeutic inquiry.

On September 9th, 1881, I attended a lady in confinement, who gave birth to a well-formed and, apparently, perfectly healthy female child, weighing eight pounds. But five days subsequently I was asked to prescribe for the child, the mother fearing it was seriously ill. Upon examination nothing was found except some slight functional disturbances, for which a remedy was given. I prescribed twice more in the course of the next seven days. When the child was thirteen days old I was summoned in haste, the parents again thinking it dangerously ill. I found the little one very pale and much exhausted. The suddenness of the onset of the symptoms led the mother to think the child would have convulsions. The frequent and rapid return of these and other symptoms compelled me to visit the patient many times during the course of the succeeding two weeks.

During this attendance I told the mother several times that I could see no reason for the child's illness. True it was necessary to feed the child in part with cow's milk, and to this I at first attributed its ill-health. But as great care was taken, both in the selection of the milk and in the washing of the bottle, I could not find fault with the diet. It then occurred to me that possibly the occult cause lay in the long white-rubber tube and nipple employed. Still, in another thirteen days, during which black-rubber had been substituted, I was again called for the same group of symptoms, now more intense than ever. After five days' treatment the child recovered, only to have renewed attacks in eleven and eighteen days respectively. The last seizure was the worst of all, requiring ten days' treatment.

The most prominent symptoms in these various attacks were pallor, difficult and rattling respiration, obstinate constipation, and great exhaustion. Symptoms at first were worse in the evening; but later they began to anticipate, until they regularly reappeared at about 4 P.M.

Several remedies were given, probably twelve or fifteen, but with no striking effects.

Now for the sequel, which some will proclaim to be wholly fictitious. After attending the patient a few days during its last attack, a slight yellowness of the scalp on the top of the head appeared. This so forcibly suggested the beginning of jaundice that I was amazed at my stupidity in not recognizing

long ago the hepatic origin of the whole trouble. Still, I reasoned, this is an odd place for icterus to display itself. I examined the scalp more closely, and in reply to a question, the mother said: "Why that's a little Lycopodium powder. We sift it all over the baby every day after he's washed. It keeps his skin clear from humors." This I learned had been her daily practice from the date of the child's birth.

I now "fictitiously" attributed the child's sick turns to the medicinal action of this Lycopodium. No doubt some of it was directly absorbed through the skin, and some perhaps inhaled. Upon the discontinuance of the powdering the little patient rapidly recovered its health.

But my story is not quite completed. Two years before the birth of the child referred to its mother gave birth to a robust girl, and she, too, was every day dusted with Lycopodium. She had these same attacks, and finally, at the age of three months, she died in one of them.

Now, the wise "sheep" must not assume that the writer claims that *every* child thus powdered will be poisoned thereby. He holds to the belief that, as "poison ivy" may, when inhaled by the passer-by, without direct contact with the plant, poison him, while its indiscriminate handling will not affect another, so it may be with other drugs, as, for instance, with this Lycopodium powder. And as we cannot possibly know this in advance, either with the aid of the microscope or with any other means short of a test upon the living organism, it is the part of prudence to see to it that no child is powdered with Lycopodium.

Did it ever occur to Dr. Winslow that the stomach in its digestive, or chemico-vital processes, might possibly be a far better triturator of the spores of Lycopodium than are the crude mortar and pestle? And when, as in the case just mentioned, Lycopodium is not taken into the stomach, but is applied externally, I will leave it to Dr. Winslow and his followers to conclude how the drug acts, or whether its action is a mere fiction.

I will now consider some clinical facts. When in California, in 1876, I was consulted by a lady for the so-called "morning sickness" of pregnancy. In her case the nausea was greatly aggravated at 4 P.M., from which hour it continued to annoy her into the night. She received one dose of Lycopodium, 6000th potency (Jenichen's). By the next day she was greatly relieved, and in three or four days was cured. She had received from a physician, who, like Dr. Winslow,

disbelieves in high potencies, Ipecac., Tart. emetic, Bryonia, in low triturations, and in frequent but futile repetitions. In a previous pregnancy her nausea distressed her throughout the whole term.

I afterwards learned that she completed her period of gestation without any mishaps and without any return of the vomiting.

On June 2d, 1882, I was called to a young married man, aged 28, who was in the last stage of consumption. Upon examination I found the left lung fully one-third or more destroyed by tubercles; his pulse was 140 per minute, and he had very severe chills, high fever, and profuse night sweats. He had not lain down night or day for three weeks. The slightest inclination of the body towards the left would invariably bring on violent coughing. For this combination of symptoms I was on the point of prescribing Phosphorus, when I asked at what time the chill occurred? The answer was that it came at precisely four o'clock every afternoon, lasted from an hour to an hour and a half, and was so severe as to shake the bed. I gave him one dose of Lycopodium, 6000th, to be followed by placebo. This was at 10 P.M., and before leaving the house I told the family there was not the slightest hope of recovery, that he was liable to die any day. I further informed them that I doubted if he could even be relieved. Before twelve o'clock that night, however, he laid down quietly and slept nearly all the rest of the night. He had no chill the next day, and had but little fever. For three or four days he was very comfortable,—so much so that his friends felt encouraged. Later, however, he suffered severely, and medicines gave only partial relief. Still, the Lycopodium symptoms never returned.

Scores of cases confirmatory of the efficacy of high potencies in painful and serious illness might be mentioned, but to what purpose? "A word to the wise is sufficient." But to those who are unreasonably incredulous, nothing can be adduced which will prove convincing.

I will ask, however, is it wise, is it just to suffering humanity, to discard such indisputable facts as I have given above? The only possible source from which we can derive proof of medicinal action is actual practice.

When will men of education and ability learn the simple lesson that in no other way is it possible to know the action of a medicine, in whatever dose, in health or in disease, than by its administration to a human being for the purpose of observing its results?

In conclusion I wish to say that, upon reading this paper over, I do not know but that Dr. Winslow may take offence at some parts of it, and possibly justly. But nothing was farther from my intentions than to give just cause for offence to any one. There have been so many assertions made in the name of the microscope that potencies above the 6th or 7th centesimal are inoperative that I feel called upon to declare that that instrument is inapplicable to the determination of such matters. There has been such persistent denunciation of reported cures by the higher potencies it seems to me that a fair and square issue has been made, upon which both sides should be heard, and the facts stated should not be construed as personal and offensive attacks.

THE VIENNA CELEBRATION IN HONOR OF PROFESSOR THEODOR BILLROTH, M.D.

(From the *Illustrirtes Oesterreiches Journal*, Vienna, April 20th, 1882.)

TRANSLATED BY HORACE F. IVINS, M.D., PHILADELPHIA, PA.

About 1860, after the death of the celebrated Professor Schuh, a great light in the Vienna school of surgery, there was on all lips the question: "Who can replace this great man?" It was a great and holy inheritance which he had left behind him, and therefore the choice was no easy one. It fell at last, after mature consideration, upon Theodore Billroth, the then Professor of the Zurich University. This gifted man had already, through important literary work and self-dependent deeds, acquired a widespread name in the department of surgery in this learned republic. Consequently in 1867 this man was called to take charge of the surgical clinic at the Allgemeine Krankenhaus.

It belongs to the imperishable rewards of this investigator that he advanced the operative science through a succession of the boldest acts. With wonderful certainty his firm hand grasped the innermost wheels of human organization, guided evidently by his genius. He has established world-wide schools; and his literary works, unlike those of any other German medical scientist, have reached the most remote zone of civilization, even being translated by the Japanese.

Theodor Billroth, the son of a pastor, was born on the 26th of April, 1826, at Bergen, on the island of Ruegen. He pursued his medical studies in Greifswald, Göttingen, Berlin, and Vienna. In 1853 he became assistant to the surgical university clinic of B. von Langenbeck in Berlin. In the

year 1860 he obeyed a call to the Zurich University, where he worked as Professor of Surgery until 1867, at which time he was appointed successor to Schuh, Vienna then becoming his home.

Here he developed a restless and successful activity in various directions. To his scholars he was a never-tiring teacher and helper, soon becoming the most popular university professor. A number of his students have been already appointed professors of surgery in various institutions. His name has drawn many foreign physicians to Vienna, and patients have come from nearly every portion of Europe to seek his aid.

His writings have always met with a welcome reception. His hand-book, *Die Allgemeine Chirurgische Pathologie und Therapie*, is translated into almost every living language (the Japanese forming no exception), and almost every year there appears a new edition. He introduced the statistical method into surgical investigations. The unrestrained candor with with which he published his failures as well as his successes caused him often to be unjustly judged, but they proved to be of the greatest profit. To this fact may be attributed, in part, his high scientific reputation, and the lasting reverence which he receives from his scholars. His book, *Ueber das Lehren und Lernen der Medicinischen Wissenschaften*, has made him many antagonists, because in striving to reform he touched upon many tender subjects. To recount all his literary works would take too much space, but it must be mentioned that he took a very prominent part in the superintendence of the *Archiv fuer Klinische Chirurgie*, and the great collective works, *Deutsche Chirurgie*.

In recent times he is the moving-spring of the "Rudolf-union, for the building and preservation of a pavilion hospital for patients and wounded persons in Vienna," an institution for which a general need is felt.

His last public lectures on army surgery are still in the minds of all.

He is a member of many learned societies, and is distinguished by numerous high orders.

BILLROTH'S CELEBRATION.

(From the *Fremden-Blatt* (*Abend-Blatt*), Vienna, June 22d, 1882.)

It was a real academic celebration which was to-day participated in by 2000 students, representing the various classes. The disputes and contests of the past few days were for a time forgotten, and the united students of Vienna paid to Profes-

sor Billroth the thanks due him, in that he had declined without consideration the honorable call as successor to his former teacher, Professor Langenbeck, in Berlin. Corporations, corps, and student societies were present, as were many of the professors of the Vienna University. Among the latter were Senior Excellence Court Counsellor Von Arneth, Dekan Vogl, Professors Arlt, Benedikt, Stoerck, Langer, Kaposi, Weinlechner, Schnitzler, Fleischl, Oppolzer, Court Counsellors Liegel, Chiari, Exner, Pollitzer, Woelfler, Bruecke, Lorenz, Braun, Dittel, Bamberger, and Miklosich.

About 12.45 Professor Billroth appeared and was received with great rejoicing, The stormy cries of "Prosit!" lasted about five minutes. The color-bearer brandished the sword; the academic singing society lowered the flags. At last quiet was restored. The singing society executed the Gaudeamus. The chorus was disturbed by fresh applause, "*Vivant Professores!*" Student-of-medicine Braun-Fernwald now stepped forward and delivered a short address by the Vienna Students' Society, which he presented with many thousand signatures:

"*Honored Professor:* You have received from Berlin the high call of honor, inviting you to the chair of your teacher, Langenbeck, the master of German surgeons. This call you declined, and have announced your determination to remain true to Vienna, your second home, the place of your blessed activity for the last fifteen years.

"Although usually the threatened loss of a treasure first teaches us its worth, there never was *one* among us who did *not* know, even when we thought him most our own, what we possessed in Billroth. And when the danger appeared that Vienna might lose you, the aged chiefs of the Vienna school, as well as the youngest tyro, all were one in the cry: 'It can not be!'

"It can not be, cry we, that the *alma mater* should lose her celebrated teacher, the medical school its pride, Billroth, the pioneer investigator, the all-adored master, the picture of the German savant. It cannot be that Vienna should lose the citizen who has rendered such good service to suffering humanity, who has never shirked the most painful duties or failed to prove himself the German gentleman.

"If we dare greet you to-day, most honored master, with hearty joy, as *ours*, we must thank the magic of our beautiful home for a portion of this joy, principally, however, your free will, furthermore your resolution to work—and we all wish for many years—in this city, in this school, whose pride you

are. For this we thank you. The prosperity of our *alma mater* is the hope of us all. The young men of the Vienna school, whether in the halls or serving science in the free fields of public life, desire to thank you. We all unite in the hearty wish that your rich fruits and blessed works may long remain, and in the joyous call: 'Billroth *noster vivat, floreat, crescat!*'"

To the above Professor Billroth replied:

"*My Dear Scholars and Friends:* You have already more than once shown me, through friendly public proofs, that you are in sympathy with my works here, and that you honor me with your friendship. I was always heartily thankful for that, and in a high degree satisfied. I consider myself as belonging so much to you and to Austria that I have not given place for a long time to the thought of parting from you. Still I would have suffered the whole affair to go by in silence had it not taken on an official character. If I still doubted for a moment whether the Vienna school considered me a worthy follower of my highly gifted predecessor, the respect which you show me to-day would convince me fully that here among you I am at home.

"You have, in the address which you delivered, placed my services much too high. Really I am frightened over what is said about me in the public press the last few days. I am only partially able to answer them. If I cling with my whole soul to my ideal, I know how little, even then, I am or shall be able to reach it. My little accomplishment makes only a link in the great chain of German science. The whole German nation is, intellectually, closely united.

"I consider it, as you have pointed out, a great honor that Langenbeck chose me as his successor from among his many students. My especial pride lies in the fact that I have been permitted in this great state, in this city of Vienna, to exert so much influence on the youth of other nations. This great international problem, our Vienna University, I place high, and believe therefore I should not leave my honorable post.

"So let us then together vigorously further the work and endeavor to gain more and more knowledge, with which we may prevent or alleviate human suffering. We must not imagine, but we must beyond a doubt know, something. The great book of nature has still many leaves, and you and many following generations have yet abundance to do. Let every one work according to his inclination, in conformity with his especial ability. The beneficent consequences of such work

would prepare the peace of human kind. No matter how much my title depended upon my practical activity, I would, in spite of that, attend to my duties as a teacher so long as my strength lasted.

"Please accept my best thanks for the real joy which you have given me to-day. I thank you, my dear colleagues, who have honored me with your presence. I thank all who have dignified this holy day. And now join with me all in the call: '*Vivat, floreat, crescat alma mater Vindobonensis!*'"

In the evening there was a torchlight procession superior to any which had been seen in Vienna for years, both in display and in the number of participants. After halting at Billroth's residence two selections were sung. At their conclusion Professor Billroth said:

"*Dear Friends:* You have greeted me to-day in an unusually brilliant manner, a public distinction of which I shall be proud all the days of my life. [Stormy cries of '*Prosit!*'] I ask for your further trust in me; I ask you to give me your love, that we may still remain good companions. [Great rejoicing and loud shouts.] I thank the Vienna students for this great honor, and may they be brought into threefold eminence."

Great applause followed this speech, after which the students again sang. Thus ended the great students' celebration, such as had not been seen since the days of Rokitansky.

THE ALLGEMEINE KRANKENHAUS, VIENNA.

[The following extract of a letter from Dr. Van Lennep to our Business Manager, though upon a subject more or less familiar to many of our readers, will doubtless interest those who have never had the privilege of seeing the immense institution of which the letter treats.]

"The Krankenhaus is indeed a grand institution—in fact a town in itself, in which one can easily get lost. The buildings are, as a rule, two stories high, and built like barracks around court-yards. As you enter, you come first to the main yard, or 'hof,' a park in itself. From this you can pass into nine others, rather smaller as a rule, but all of them of no mean size, well shaded and frequently watered, and affording delightful and beneficial airing-places for convalescing patients, whom you can see by the dozens strolling about, sitting on the benches, the men in long flowing dressing-gowns

of cotton with blue stripes, white baggy trowsers, and slipshod slippers; the women in short white frocks and loose sacks of the same material, with similar shoes; or else lying on the litters on which they have been brought out to take an airing. In the clinics they strip off this scanty apparel in a twinkling, and show you the patient *au naturel*—a procedure especially valuable in examining skin lesions, concerning which one can always tell so much by locality, but rather shocking on the whole to American eyes, although a great improvement on our system of exhibiting patients.

"The material seems unlimited, as it must needs be with over three thousand beds to draw from, as well as an ambulatorium or dispensary attached to each branch and sub-branch, and an immense polyklinik, or general dispensary, with all its subdivisions, just outside, to act as a feeder. The great secret of Vienna teaching seems to be the fact that all the material is concentrated into one building.

"Medical ethics seems to be below par here, for the professors on the same branch (there being two on each subject) are almost invariably bitter enemies, won't speak to each other, and in fact openly ridicule and abuse each other in the clinics. It would seem that doctors must needs quarrel. In America it is allopath *vs.* homœopath, and vice versa; and here it is each specialist *vs.* his fellow.

"W. B. Van Lennep."

VERSUTE VERITAS.

BY W. H. WINSLOW, M.D., PITTSBURGH, PA.

Some carping critic, who did not like the sentiment of my July article upon "The Impending Crisis," has induced a sympathetic New York journal to print an excerpt, with his remarks thereupon, under the caption of "Dr. Winslow's Error." Let me say, first, that it would have been courteous to have sent the critique to the journal in which the article criticised had appeared. I answer it for those who have read the original article in the *Hahnemannian*, as none others are competent to judge of the matters at issue.

Any one who reads my article entire will perceive that I emphasized the necessity *particularly* of British licentiates and physicians calling upon surgeons. The reference to surgeons calling upon physicians was incidental and not elaborated, as

I supposed the average mind would understand that I meant surgeons practicing their specialty.

We are glad to know that the M.R.C.S. (surgeon) has also passed examination by the "Society of Apothecaries"— the same examination the apothecaries pass—whereby "he differs from his American brother solely in being more of a surgeon." In other words, preparation to be an apothecary is equivalent to an American *medical* education, and the British M. R. C. S. is more of a surgeon than the American M.D. The American profession will be glad to learn the opinion of "*Veritas*" upon their qualifications.

Granting that the British M.R.C.S. be a general practitioner does not affect the logic of my argument any more than chipping a grain off of Bunker Hill Monument would affect its memorial foundations. It is not the necessity of surgeons calling physicians, but of licentiates and physicians calling surgeons and specialists that most awakened Britishers to their senses, and caused the agitation of the ethical question in England. "*Veritas*" has been confused by his eagerness to exhibit his *nom de plume*. "An ordinary familiarity with logic ought to have saved" him from asserting that *most of my argument* was founded upon the minor proposition which he spitefully abstracts from its fellowship.

It is a *law* of England that *licentiates* shall call surgeons for surgical operations. It is a law that *physicians* shall call surgeons for surgical operations. It is, therefore, a *law* (not a custom) that *many practitioners* shall call surgeons in surgical operations. The necessity for consultation between the variously qualified practitioners caused agitation in Great Britain, which culminated in a modification of medical ethics. The excitement extended to this country, where medical men are all upon the same legal plane—where the sectarian differences of the British profession do not exist—and so far influenced New Yorkers as to bring about a revolution in the State Code of Ethics.

To deny that the professional agitation in Great Britain extended to this country, to deny that the relations between medical men there are different from those here, to deny the force of my argument against American homœopathic M.Ds. consulting with allopathic M.Ds., because some M.R.C.S. surgeons have taken an apothecary's degree and do general practice, shows an inattention to my article which illy becomes a gentleman who would pose before the profession as "*Veritas*."

THE
HAHNEMANNIAN
MONTHLY.
A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

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Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., September, 1882. No. 9.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE PENNSYLVANIA STATE SOCIETY will meet at the Logan House, Altoona (near the summit of the Allegheny Mountains, on the Pennsylvania Railroad), on Tuesday, Wednesday, and Thursday, September 5th, 6th, and 7th, 1882. This Society, which a few years ago seemed to be languishing for want of professional support, has of late become one of the foremost in our list of State organizations, and an object of intense pride to its members. Its last volume of *Transactions*, a handsome book of 400 octavo pages, has elicited from medical journals outside the State, critical notices far more laudatory than have been accorded to any similar work within our knowledge, and the contents of the volume have often proven valuable aids to the members in the exigencies of every-day practice.

The approaching session will perhaps equal—we doubt if it can easily exceed—in strictly medical interest, the session held last year at West Chester. The secretary's circular gives the titles of nearly forty papers on a great variety of subjects, and others are yet to be added to the list. There will be, therefore, a wide field for discussion, and abundant opportunity to pick

up little items of practical import from the practical individuals who participate in the discussions.

Aside from the purely scientific work of the Convention, there will, doubtless, be introduced some other matters of professional interest. It is felt by many of our practitioners that it is full time we were moving in the effort to secure a State Homœopathic hospital for the insane, and it is not unlikely that steps will be taken with that object. The Society may also find awaiting its action some most important work of a more national character. But whether its work be national, or State, or local, it can be prosecuted to the most favorable issue only by that union of hearts and union of hands which is secured in our State organization.

The members now number about one hundred and sixty-five, a number large enough to secure a well-attended meeting; but there seems no good reason why the remaining five hundred and sixty physicians of the State should not lend a hand in the work which the State Society is endeavoring to do for the good of all. But whether members or not, all the homœopathic physicians of the State are earnestly invited to be present at the session.

A Mortal Mistake.—Readers of this journal will remember that at the last session of the American Institute of Homœopathy the following resolution was adopted:

"*Resolved*, That it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfil all the duties of his professional relations unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of professional action, as provided for in the code of ethics of this Institute."

Before this resolution was offered it was shown to several members of the Institute, each and all of whom at once understood it to refer to the question which now divides and distracts the allopathic denomination, viz., the consultation question. These members evidently regarded it as a dignified yet forcible expression of the views of our school on this question, and understood its object to be to draw public and professional attention to the necessity for the absolute liberty of the prescriber in his professional relations to his patient, and to repudiate the right of any individual or organization to come between them. The resolution was adopted without debate, and with but one dissenting vote.

One of our contemporaries, *The Homœopathic Physician*, seems to have strangely and totally misunderstood both the object and the meaning of the resolution. In an editorial in

its August issue, that journal, after quoting the resolution in full, makes the following remarkable comment:

"This resolution, coming from a body of professed homœopathists, simply means that they have found homœopathy insufficient for all the needs of their patients. As this practice has been for years proclaimed all-sufficient for all practical duties, this resolution is a distinct *back-down*, a disordered *retreat*. (Italics not ours—EDS.) What, now, is the cause of this retreat? Have those who approve of this *back-down* fully tested the law of the Similars and found it wanting?" etc., *ad nauseam*.

The above comment is "remarkable," *first*, because of its curious statements respecting the sufficiency of homœopathy "for *all* the needs" of the patient; to which there is no need of reply. *Secondly*, because of the exceedingly curious and wonderful attitude in which it places its writer. After a careful reading of the resolution itself, the editor of *The Homœopathic Physician* simply says, in other words, that the declaration of mental and professional independence embraced in the resolution is equivalent to a renunciation of homœopathy. Or, in yet other words, the free and unrestricted exercise of the mental powers and professional rights of the physician are inconsistent with a belief in homœopathy. Or, in still other words, that the editor himself practices homœopathy because he does *not* "enjoy absolute freedom of medical opinion, and unrestricted liberty of professional action," and that if this freedom and liberty were accorded him he too would at once become an eclectic or an allopath.

It might be well, just here, to ask our contemporary, who it is that forms his opinions for him, and who determines the mode of his practice? Who tells him that the law of Similars is true, and who names the potencies in which he administers his remedies? He does not dare to form his opinions on these questions for himself, because that would involve a distinct, italicized "back-down." And yet his *master*, whoever he is, before shaping our contemporary's opinions, must first have shaped his own, and is, therefore, an eclectic or an allopath himself. But even this is not the worst of it. Hahnemann had a dreadful habit of self-assertion about him, and steadily persisted in making his own opinions on medical matters, instead of obtaining them at second hand at some antiquated junk-shop. Did *he*, therefore, "back down" into eclecticism and allopathy? It is a dreadful thought that the editor of a homœopathic journal must either be an eclectic himself or else must have an eclectic for his master.

If the editor of *The Homœopathic Physician* had been engaged in the legitimate work of homœopathic journalism, in-

stead of seeking causes of complaint against his homœopathic brethren, he would not have been misled by his false lights, nor floundered into so deep a quagmire. We would in all kindness remind that journal that, in proportion to its influence, it is doing more harm to the cause of homœopathy than the most bigoted allopathic periodical has the power to do. Let it now,—*without necessarily changing its opinions as to what constitutes "pure homœopathy,"*—turn its engines of war against the avowed *enemies* of our school. Let it seek to unite, rather than to divide, the forces of homœopathy, and join in the work of strengthening our position, and of holding up to public and professional abhorrence the absurdities of allopathy, and the follies of allopathists,—a work in which the HAHNEMANNIAN MONTHLY finds unspeakable delight.

DUTY OF CONTRIBUTORS.—The life of a journal depends upon its contributors; the sustenance upon its monetary receipts.

If literary contributions are various in kind, and excellent in quality, and if subscribers are prompt in their remittances, the journal prospers. If, however, papers are furnished for publication which are lacking in interest by reason of their paucity of ideas, feebleness of expression, or defective construction, if years roll by in which subscribers and advertisers neglect to honor their promises to pay, the journal languishes, and finally dies from inanition, leaving usually as a legacy a large irredeemable debt. Meanwhile, who can faithfully depict the trials and anxieties of the editor, who is striving to provide for his charge? He solicits contributions from this quarter and from that, living upon promises of aid until the near approach of issuing-day drives him in despair to copious and lengthy clippings from his exchanges, or, worse than all, to that direful offence, plagiarism. But his trials are not all numbered yet. After a weary night spent in collecting "matter" for the next number of the journal, comes, in the morning's mail, a batch of letters. Hastily running his practiced eyes over the envelopes, throwing aside for the moment a coal bill over due, a friendly warning of a note that is to be protested, and a notification that as "he did not call last evening, Mrs. —— will dispense with his services in future," the editor's hungry gaze rests upon a thick letter, marked in one corner, MSS. Eagerly he tears into shreds its tight-fitting envelope, and hurriedly scans its twenty or thirty pages. Alas! its substance is good, but so carelessly is it worded, so involved are its sentences, so

hopelessly disarranged are its periods, that it must be entirely rewritten. Now it is not always an unpleasant task to sit up the greater part of the night and compose an article for publication. There is an intellectual delight in such toil, which more than repays the loss of sleep and rest. But when the article is the production of another, and, more than all, when its ideas are so obscurely expressed that one's ingenuity is taxed to the utmost to perceive their true meaning, such work becomes wearisome drudgery. Yes, and it is thankless drudgery, too; for the chances are that the next mail following the issuing of such corrected article will bring to the editor an angry note from the injured author, denouncing the journal and its stupid editor for marring his pet production, and for wilfully perverting the author's *clear* meaning.

If subscribers wish entertaining and instructive reading, if they are fastidious and demand perfect proof-reading, well-rounded sentences, clothed in precise language, and composed with rhetorical niceness, they must have pity on the editor's wearied brains and tired eyes, and send him contributions worthy a place in a literary journal.

Recently we received a paper full of useful suggestions, but so execrably worded that nothing but our greed for the truths it contained prevented our consigning it to the waste-basket. We were compelled to re-write it. Not only was it hastily composed, as was evident from numerous omissions of words, but it was also ungrammatical. Had it been a travesty on belles-lettres it could not have been rendered with more disregard for the commonest rules of rhetoric. One sentence we took the trouble to analyze. It consisted of one hundred and eleven words, ungrammatically arranged, and not relieved by so much as a single semicolon! And this is by no means an exceptional illustration.

Papers for publication need not be finished compositions, correct even to every comma. An editor, as a part of his legitimate work, expects to amend and alter to suit the style of his journal. But papers should not be written after the disconnected manner of extemporaneous speaking; neither should they be composed hastily and without regard to proper grammatical construction.

They should be written plainly and clearly, so as to set forth to the best advantage the thoughts and intentions of the writer. This, we contend, is an obligation; and he who neglects it has no ground for complaint if his contributions appear in print in all their crudeness and inelegance.

Pronunciation of Names of Drugs.—In reviewing the *American Homœopathic Pharmacopœia,* Dr. T. F. Allen remarks that it would have been useful had the publishers indicated the correct pronunciation of each remedy named in the book. Few, if any physicians, he adds, pronounce the names of drugs properly.

It seems that exception has been taken to this broad assertion; so, by way of test, Dr. Allen furnishes Boericke & Tafel's *Quarterly Bulletin* with a list of such drugs as are most commonly mispronounced.

We do not think that our colleague is too sweeping in his assertion. Any one who has listened to discussions in our county or State societies, or even in meetings of the Institute, can bear witness to the careless and indifferent manner in which speakers pronounce the names of remedies. We have heard physicians who ought to know better pronounce Hyoscyamus, Hyoscyámus—giving the "a" the sound of that letter in "fate. This is one of the commonest as well as grossest of errors.

It is amusing, sometimes, to hear the awkward attempts of a number of successive speakers to manage the word Apocynum. One accents the "y," and gives the "c" its soft sound; another emphasizes the first syllable, pronouncing the "c" like "k;" and a third, doubtful as to which of the two is right, compromises the matter by uttering the word as if spelled and accented Apos'-ýnum.

Even our much-loved word "homœopathy," and its derivatives, are barbarously mouthed by many. One persistently talks of *home*-a-pathy, accenting the "home." Another as inconsistently terms himself a *home*-a-pathist;" while a third imperils his lower jaw by declaring vociferously for *hom*-o-opathy."

It is high time, then, we think that some man or some body of men having authority, should supply the profession with a complete and correct list of the drugs used in homœopathic pharmacy.

In preparing such list words which have two recognized accentuations should receive careful consideration. And while scholars may admit the correctness of either one, still, for the sake of harmony, that emphasis which seems most euphonious should be arbitrarily adopted, to the exclusion of all others.

Take, by way of illustration, one of the words selected by Dr. T. F. Allen, and accented by him on the first syllable, "Asarum." Some creditable authorities prefer the second syllable. To our ear, Asa'r-um is more pleasing than As'-arum.

But as the weight of authority favors the latter, probably it would be wise in a committee to adopt such accentuation.

Then, too, some words have more than one form, and as the accent may change with the form, this fact should enter into the deliberation. It is as correct to say "gráphite," as it is to say "graphítes;" "ăg'arĭc," as "agáricus;" "Cántharis," as "Canthárides."

We trust that our wise men, convened, will consider this important subject. And, further, we most sincerely urge that their labors be extended to kindred subjects, that some plan may be devised to improve the style of our degraded medical literature.

The Long-Eared Lion of Indiana.—The Marion County Medical Society, like many another allopathic medical society before it, has incontinently gone and made an ass of itself. Marion county is honored by the presence, within its borders, of the city of Indianapolis, the capital of the State of Indiana. In this city, next October, the American Public Health Association will hold its annual session. This association is composed partly of physicians, all schools of practice being represented in it, and partly of laymen interested specially in the subject of sanitation. Included in it are also a large number of gentlemen representing the various State and local boards of health, quarantine officials, etc., from various sections of the country. Young as the organization is, its influence is seen and felt in the general improvement of public knowledge on sanitary subjects, and in the adoption of more efficient means for promoting public health, and it is no small honor to any city to have the privilege of entertaining it during one of its annual sessions. So, indeed, did the civic authorities of Indianapolis regard it; and accordingly the mayor was empowered and directed to appoint, on the city's behalf, a committee to make suitable arrangements for the comfort, convenience, and enjoyment of her guests. Naturally enough the mayor appointed on the committee the only three gentlemen who represented the city in the membership of the association. Of these three, one, Dr. M. T. Runnels, is a homœopathist; another, Dr. Thaddeus M. Stevens, is an allopathist; while the third, Professor Bloss, is a layman. Other physicians, of both schools, and a number of distinguished laymen, were also appointed. At the suggestion of Dr. Stevens, the mayor appointed Dr. Runnels chairman of the committee. This, of course, was simply intolerable, and the Marion County Allopathic Society came together and shrieked, and raved, and howled with rage over it. Speeches were made denouncing the mayor, and threaten-

ing untold wrath upon almost everybody concerned, the association included, and the sad funeral ceremonies concluded with that eminently American institution, a *preamble and resolutions*, and the members went home as mad as ten thousand hornets.

One of the points of the resolutions (the reader will find them in our news columns) was that the physicians on the committee do not represent the wisdom, or the experience, or something, of the medical profession. If that statement were true it might be regretted, perhaps; yet what possible difference it could make to the association we cannot see. But if the committeemen must be all representative, the mayor would have been seriously embarrassed. He would have been obliged to select the entire committee from the membership of the Marion County Medical Society, for how else could the committee represent the asinine qualities of the community? And then the decency and modesty and intelligence and public spirit of the community would have been left unrepresented. Evidently the mayor has acted wisely.

It would seem expedient for any allopathic medical society to say as little as possible, publicly, on any subject relating to homœopathy or homœopathists. They rarely open their mouth on such subjects without "putting their foot in it," and then, people *will* laugh, just because they cannot help it. In this case they simply meddled with what was none of their business, and unless we have been misinformed of the liberal and enlightened views of the allopathic members of the Health Association, the local medical society of Indianapolis will get no sympathy even from their own brethren. Moreover, the newspapers are having unlimited sport over it. They evidently consider, not that a lion has made an ass of himself, but rather that an ass, in endeavoring to imitate the lion, met with the usual result of betraying his identity by his long ears and his unmistakable bray.

Insanity versus the Marriage Relation.—Some of the medical journals are discussing the subject of *insanity as a ground of divorce;* and (it must be said), to the discredit of most of the participants. All that civilization knows of the essence and quality of the marriage relation, is drawn from the teachings of Holy Writ; and any and every departure from those teachings, in any manner soever affecting the marriage tie, is a step in the direction of immorality, and imperils the foundations of civil society.

Notes and Comments.

Dissection in Berlin requires about six hundred cadavers per annum.

The State Society requests the pleasure of *your* company on Tuesday, September 5th, at 10 o'clock, A.M., at the Logan House, Altoona, Pa.

Puffing as a Fine Art.—A Paris patent-medicine is described as bottled sleep—"le sommeil rendu en flaçon." Puffing as a fine art can go no farther.—*Druggist and Chemist.*

The Medical Counselor will be henceforth published under the immediate supervision of its popular editor, Dr. H. R. Arndt, of Grand Rapids, Mich., who will issue its numbers semi-monthly. May its shadow grow larger.

Soothing Syrup.—On June 10th, at Liverpool, Henrietta Jones, aged ten months, died from the effects of Winslow's Soothing Syrup, administered by her mother in accordance with the directions on the bottle.—*Chemist and Druggist.*

Student.—No! The chill is *not* called "tertian" because it comes three days in the week, but probably because it *does not* come at intervals of three days. What is the use of having technical terms which anybody and everybody can understand?

Science and the Bible.—A skeptic asked a clergyman the question: "How do you reconcile the teachings of the Bible with the latest conclusions of science?" and received the stunning reply: "I haven't seen this morning's papers. What *are* the latest conclusions of science?"

The Joplin College of Physicians and Surgeons has been organized in Missouri, and "has been issuing diplomas to various persons without a proper course of practical anatomy." As the "so-called-regular" medical society of Jasper county found it necessary to declare that it would not "fraternize with its professors or graduates," we presume it is a "so-called-regular-bogus" college.

A Close Observer.—"Professor" Palmer, of the University of Michigan (allopathic department, of course), says that scarlatina is "similar" to measles. The "learned" professor can probably do homœopathy a considerable amount of harm by his persistent misrepresentations of its principles and practice; but better, far better, that it should have his enmity than his advocacy. If *he* should become a homœopathist, most of us would feel like re-examining the evidences of its verity.

The Fare to Altoona and Return is as follows. Tickets good until September 30th:

From	New York	to Altoona and return,		$17.90
"	Philadelphia	"	"	13.90
"	Baltimore	"	"	13.00
"	Lancaster	"	"	10.00
"	Harrisburg	"	"	7.90
"	Pittsburgh	"	"	7.00

Consistency.—Under this caption the *Chicago Medical Review* (allopathic) mentions the fact that the American Medical Association, after

excluding the delegates of the New York State Society because it allows consultation with homœopathists, proceeded to elect as one of its Vice-Presidents, Dr. Eugene Grissom, a member of the Association of Insane Asylum Superintendents. This latter association, it seems, admits homœopathists to membership, one of them being Dr. Selden H. Talcott, Superintendent of the New York State Homœopathic Asylum at Middletown, and President of the New York State Homœopathic Medical Society.

Another "Discovery" Coming.—A physician writes to the New York *Medical Record,* announcing that since its publication of the paper on Calcium sulphide (Hepar sulph.) as an anti-suppurative, "the administration of the drug in small-pox has strongly suggested itself" to his mind. If he will open Vol. II. of Bœhr's *Science of Therapeutics,* translated by Hempel, and published by Boericke & Tafel, 1872, on page 539, third and fourth lines from bottom, he will there find the drug recommended in the beginning of the suppurative stage, "for the purpose of preventing the excessive development of this process." It has been there these ten years, in hopes of being "discovered," and it is a burning shame to keep it waiting so long.

Matrimonial Blunders.—William Ramesay, doctor of physic and physician in ordinary to his Majesty, Charles II., published in 1668 a work entitled "Helminthologia." From a notice of the book in the *Medical Record* we obtain the following extract:

"We are too remiss, marrying any deformed piece of mortality for a little money, when we are curious of the strain of our Horses, Doggs, Pigeons, Game-Cocks; and so frequently, we leave a Crook-Back'd, Flat-nos'd, Bow-Leg'd, Squint-Ey'd, Left-Handed, ugly, infirm, Weesle-Fac'd, Diseased, Half-Witted, Hair-brain'd, Nonsensical, Gooscappical, Coxcombical, Worm-eaten Ideot, not only to possess our Estates, but our Names, and to build up our Families." It would be pleasant to get into a scientific discussion with a man who writes like that.

"Ill" and "Sick" are dividing the English and the Americans. The former mean by "I am ill," what the latter mean by "I am sick." "Sick," in England, is generally employed to mean nausea, as, "sick at the stomach."

"Illy," according to Ayres's *Verbalist,* is not an English word. But Worcester inserts it, though he adds in parenthesis: "rarely used by good writers."

Richard Grant White is responsible for the following anecdote, which contains a hit and a counter-hit. A British merchant, receiving at his home a Yankee youth, said, in a tone that attracted the attention of all the others in the room, "Good evening! Have you been *seeck,* as you say in your country?" "No, thank you," said the other, promptly, "I've been *hill,* as they say in yours!"

Digestive Functions in Plants.—That insectivorous plants really digest their prey has been hotly disputed, notwithstanding Darwin's numerous experiments. Morren, however, has established the fact that animal digestive ferments are represented in the vegetable kingdom; and, further, that several ferments, such as synaptase, erythrozyme, and myrosine have no known analogues in the animal kingdom.

Insectivorous plants are not the only ones which exhibit peculiarities of nutrition. True parasites absorb the juices of the plants they infest. Many fungi subsist partly or wholly on animal matter.

Conversely, animals possessing chlorophyll have been shown to nourish themselves like plants, without feeding, by decomposition of carbonic acid and the formation of starch in sunlight.—*Encyclop. Brit.*

New Publications.

American Medicinal Plants: An Illustrated Descriptive Guide, etc. By Millspaugh. Bœricke & Tafel. 1882. Sold only by subscription. Price, $1 per number. No. 1.

The object of this work is to give to the profession the history, preparation, chemistry, and physiological effects of American plants. The entire issue will contain one hundred and eighty illustrations, both the designing and coloring of which will be the work of the author.

The plants, which will comprise all those which are indigenous and naturalized in the United States, will be arranged "generically, when bound, according to the numerical order of the plates." A preface, glossary, and full index will be given in the last number.

The specimen sheets, which are lying before us, present a very inviting appearance. The plates, so far as we are able to judge, are accurate, well-colored, and tasteful as works of art. The text is pretty clear, though not quite up to the high standard of the publishers.

If we examine one of the sample pages we find, first, the natural order of the plant to be described; then its tribe, genus, and technical name. Then follow synonyms and common names. Next is given a description of the plant, following which are general characteristics, special characteristics, history, habitat, part used, preparation, homœopathic tincture, chemical constituents, and physiological action. Appended to all this is a list of authorities.

Each such sheet is accompanied with a plate. Page 173 contains a useful differentiation between Iris and Acorus, two plants the roots of which are often confounded.

The work, if subsequent numbers shall be as well executed as the one before us, will deserve an extensive sale. F.

Practical Medical Anatomy. By Ambrose L. Ranney, A.M., M.D. The June Volume of Wood's Library for 1882.

Dr. Ranney is no stranger to book-readers; and those who have enjoyed his *Surgical Diagnosis*, will look with eager eyes for the appearance of this, his latest addition to medical literature.

As a guide in the study of the relations of the viscera to each other, it is invaluable. The first chapter describes the bones of the head, with references to points of special interest. These points concern not only the surgeon, but also the physician. Chapter II. examines the human face, describing its anatomy and then, in detail, its modifications in health and disease. The cuts in this chapter, while they illustrate facial lines, such as the linea nasalis, the linea oculo-zygomatica, etc., fail to portray accurately many of the general expressions. Fig. 44, for instance, conveys a very imperfect

idea of the countenance of emphysema. Fig. 46, delineating the face of a patient with obstruction at the pyloric orifice, looks to us more like a night-capped head posed for its photograph.

Fig. 73, in Chapter IV., is most excellent. It represents the head, divided by a vertical incision from the top of the head to the tongue. We thus have exposed the incised brain, the divisions of the ear, and the naso-pharyngeal cavity. Part II. is full of interesting points, pertaining to the vertebral column and to the trunk in general. The author here borrows plates from Loomis, Rindfleisch, Hilton, Henle, Hamilton, and others.

In treating of the abdominal viscera, Luschka's plates are made use of. These plates, especially the one which presents a posterior view of the organs, give a situs of the stomach not generally apprehended.

Plate 154, representing the deep-lying structures within the abdomen, is not shaded so as to render it convenient for study.

The applications of anatomy to surgery and medicine, constituting the portions of each chapter and sub-section called "points of value," or some expression of similar import, are exceedingly interesting. They are, indeed, the pith of the book. And no one could relate them better than Dr. Ranney. F.

Diet of Infants and Young Children. By John C. Morgan, M.D. Second Edition. Published by the Author. 1882. Price, 25 cents.

This little brochure, neatly bound in stiff covers, and clearly printed, offers a full list of articles of diet for sick, as well as for healthier children.

To the milks, Dr. Morgan adds a new preparation, which the Canfield Company make for him. It is called "Condensed Young Milk," and is canned from cows whose calves are between two weeks and three months old.

To the cereals he might have added "Entire-Wheat Flour," a preparation of inestimable value, one more likely to agree with tender stomachs than any other wheat food.

"*Zwiebach*" Dr. Morgan prefers writing "*Zweibach.*" The latter is not usually considered correct.

We differ with the author in his recommendation of long tubes for nursing-bottles. The impossibility of keeping them clean is our chief objection.

The great usefulness of the book, together with its mere nominal price, ought to insure a large sale. F.

Smith's New Label-Holder. (Patented.) Containing 5250 Labels (736 Remedies, repeated from 5 to 30 times, according to the frequency of their use. All cut, ready for instant use, and gummed with a strongly adhesive mucilage). Published by George W. Smith, Cincinnati, Ohio.

This is the most complete set of labels we have ever seen, and every physician requiring homœopathic labels should supply himself with the above.

Gleanings.

Rhus Aromatica is again praised in obstinate enuresis.—*Therap. Gazette*, July, 1882.

Corn silk—the fluid extract—has been successfully used in torpid kidneys, caused, presumably, by malarial poison.—*Therap. Gazette*, July, 1882.

Fissured Nipples.—Monti recommends that the nipples be anointed with a freshly-made solution of gutta-percha in chloroform. As it dries it forms a protecting pellicle, which does not come off even after the child sucks.—*Medical Abstract.*

In Whooping Cough, when the paroxysms continue from sheer exhaustion of the nerve-centres, coffee administered as a drink will often stimulate the energy of the centres so as to terminate the disease.—*Philadelphia Medical Times*, July 29, 1882.

Beef tea, according to Virchow, drunk warm, is about as nutritive as tea or coffee, but contains less heat-forming and flesh-making substances than beer or wine. It stimulates the nerves; hence its popularity as a strengthening food.—*Therap. Gazette*, July, 1882.

A New Vesicatory.—Dr. Armengué, of Barcelona, has been recently experimenting with a new vesicatory, derived from a beetle (*Œnas afer*), found in Spain. He finds it more certain, more prompt, less painful, and less costly than cantharides. It does not seem, moreover, to induce irritation of the genito-urinary organs.—*Medical Abstract.*

Cardiac Effects of the Anæsthetics.—Chloroform paralyzes the muscular substance of the heart; Ether weakens the heart-beats, but accelerates its action, the increased frequency compensating for the diminished force; Ammonia is antagonistic both to Chloroform and to Ether; Bromide of Ethyl arrests the ventricle by acting on the muscular substance. It is less poisonous than Chloroform, but more so than Ether.—Dr. Ringer in the *London Medical Record.*

Jaborandi and Pilocarpine have proved highly valuable additions to ophthalmic therapeutics. But in four cases of detachment of the retina and in one of serous choroiditis with consecutive detachment of the retina, treated with one or the other of these drugs, *cataract developed rapidly.* Cataract is not rare in eyes affected with disease of the uveal tract. Still it is not unlikely that these agents may accelerate cataract, or immediately cause opacity of the lens.—*Philadelphia Medical Times.*

Small-pox as a Preventive of Small-pox.—According to Dr. Marston's table of an experience of thirty years in the London Small-pox Hospital, the percentage of mortality was as follows: unvaccinated, 35; said to have been vaccinated, but having no cicatrix, 23.5; having one vaccine cicatrix, 7.73; two cicatrices, 4.7; three cicatrices, 1.95; four cicatrices, 0.55; having previously had small-pox, 19. Thus it appears that even an imperfect vaccination is far more protective than a previous attack of small-pox.

The Danger of Anæsthesia in Renal Diseases seems now to be pretty clearly established. Among the more recent contributions to our knowledge of this subject is a discussion by the Philadelphia County (Allopathic) Medical Society, at which time a considerable number of fatal cases were cited by the members, including some recorded by Dr. Emmett, of New York, who drew attention to the subject in 1863. The general result of all recorded experience seems to indicate that in these conditions ether is fully as dangerous as chloroform.

Fraudulent Glycerine.—In the *Union Médicale et Scientifique du Nord-Est* for March, 1882, Professor Lajoux points out a fraudulent substitute for glycerine which has been introduced into the French market. The ordinary physical characters of the liquid closely resemble a fine specimen of glycerine; it, however, has a bitter taste, due to an impure sulphate of magnesium, and contains glucose. Quantitative analysis showed that the preparation was simply a saturated solution of sulphate of magnesium, with 160 grammes of glucose to the litre, to disguise the taste of the salt.—*Chemist and Druggist.*

The Concentrated Tincture of Avena Sativa (common oats) has, it is asserted, cured paralysis of over three years' standing.

Dr. Sell reported to the New York State Medical Society, February 9th, 1882, several cures of the opium habit by the use of this Avena tincture. "Any remedial agent," he writes, "that will aid us in breaking the bonds of this opium slavery, should be hailed by the medical profession as a most welcome guest."

The doctor uses B. Keith & Co.'s tincture, which is not a proprietary medicine, but only claims to be carefully prepared.

Iodide Potass. in Frontal Headaches.—(*Aust. Med. Journ.*)—Dr. Haley draws attention to the powerful anticephalalgic properties of this drug when used in small doses. As a rule, a heavy dull headache, situated over the brows and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food which sometimes approaches to nausea, can be completely removed in about ten minutes by a two-grain dose Iod. pot., dissolved in half a wine-glassful of water, this being quietly sipped so that the whole quantity is consumed in about ten minutes. This class of headaches seem to have no particular or definite cause, belonging apparently to the class of sympathetic headaches. In many cases the effect of these small doses is simply wonderful.—*Practitioner.*

Permanence of Scarlatinous Virus.—The *Medical and Surgical Reporter* mentions this case of scarlatina. It was the only child in the family; had not been away from home; no cases in that part of the city, and only three mild cases anywhere in the community, and in those, contagion was easily established as a cause. We ascertained the fact that they had lost a child two years before with scarlatina. Upon inquiry we were told the child had worn none of his brother's clothing recently. The next day, however, the mother exhibited a woollen cap, and said this was the only article of clothing that the child had worn recently that belonged to his brother. After further investigation we found that the child that died two years before had this cap on when he was taken sick, that it hung in the room during his illness, and was put away in a closely covered tin box, without disinfecting. The box was air-tight, and the cap had never been out of it until three days before our little patient was taken sick.

Asthma Dependent on Mucous Nasal Polypi.—The *Medical Record* thus summarizes the conclusions reached by Dr. Joal in a serial article in the *Archives Générales de Médecine* for May, 1882: 1. Nasal mucous polypi sometimes occasion asthmatic symptoms. 2. This symptomatic asthma is principally observed in gouty subjects. 3. The disease is usually produced by a reflex action secondary to an irritation of the nasal mucous membrane. 4. The reflex excitation may, however, have its point of departure in the sensitive filaments of the pneumogastric which supply the pharyngeal or bronchial mucous membrane. 5. Asthma may be developed as the result of catarrhal and emphysematous lesions referable to nasal polypi. 6. The asthmatic paroxysms are relieved or completely disappear after the removal of the polypi. 7. The nervous symptoms provoked by nasal polypi consist, sometimes, in spasmodic paroxysms of sneezing.

Hydrophobia Reported Cured by Pilocarpin.—A case of hydrophobia cured by subcutaneous injections of Pilocarpin was recently reported to the Academy of Medicine, Paris, by M. Denis Dumont, of Caen. He stated that on April 16th, 1882, a man, woman, and child were bitten by the same rabid dog. The man's wound was cauterized with nitric acid, and rapidly healed. Thirty-four days had elapsed when the woman died with symptoms of hydrophobia. The man, on learning of this fact, became alarmed, nervous, and unable to sleep. Two days later intense thirst appeared, which could not be satisfied because of paroxysmal contractions of the pharynx, with pains and distress in the precordial and epigastric regions. Next appeared clonic and tonic convulsions, hoarse voice, attempts to bite, temporary loss of consciousness, almost entire inability to swallow, and "there was abundant salivation and sweating." Bromide of Potassium and Codeia were given without result. On the fourth day of the attack Nitrate of Pilocarpin was administered subcutaneously three times, in doses of one centigramme. It excited profuse salivation and sweating, and was followed by almost immediate relief in the symptoms. Next day the danger seemed to be over. During the attack the wound reopened slightly and exuded a viscid fluid.

Physiology of Language.—It is not an incorrect expression to speak of the physiology of the alphabet. It has been demonstrated that the first letter, A, pronounced as in the word *far*, is the only sound which can be emitted when the fauces are opened to their widest. This sound, then, is a fundamental tone, and possesses an anatomico-physiological right to take the lead in any alphabetic system. Upon this openest tone various modifications are produced by narrowing the oral cavity at different points and to different degrees. Narrowing of the organs, pushed to almost complete closure, causes an element of form, of oral modification, which prevails over the tone. The product in this case is made distinctly audible only as the contact is broken; this is called a mute. The systematic arrangement of every human alphabet must depend upon these two extremes of the completely open A and the completely closed mutes.

Within these bounds fall all vowel and consonant sounds. Vowel sounds, as in far, mete, marine, note, tune, come forth in a series through the widely opened mouth—the mouth changed by the rounding of the protruding lips. Consonant sounds come forth in quite distinct classes, varying from the gutturals to the dentals and labials, according to the point or points of narrowing in their formation. (See *Whitney's Life and Growth of Language.*)

News, Etc.

Located.—J. B. Clow, M.D. (Hahn., Phila., 82), has located at San José, California.

A New Journal—the *Revista Homeopàtica*—has been established at Montevideo, Uruguay, S. A. Its publication was commenced in January last, and its numbers are issued monthly.

The New York City Hospitals last year accommodated an aggregate of 5108 patients. The private hospitals can care for 7410 patients at one time, and the lunatic asylums have a total capacity of 3021.

The Study of Anatomy in England.—The College of Surgeons of England has abolished the second-year course on anatomy, so that their students will be obliged, hereafter, to attend but one year's lectures in that department.

Thermometric Errors.—The annual Report of Mr. Waldo, of the Yale Thermometric Bureau, states that in the 3811 clinical thermometers examined during the last twelve months the average error amounted to one degree, Fahrenheit.

Yellow Fever has secured a foothold in Galveston, Brownsville, Matamoras and other places, and is creating its usual havoc and consternation amongst the residents. Meanwhile the great Inland Quarantine question remains unsettled.

The New Surgeon-General.—On August 7th the U. S. Senate confirmed the nomination of Col. Charles H. Crane, M.D., as Surgeon-General of the Army. The vote stood 26 to 16, and followed a parliamentary struggle of two hours' duration.

Homœopathic Physicians Wanted.—The July *Advance* publishes a list of about twenty-five desirable locations in Nebraska. G. E. Brown, of Albion, Nebraska, says he will answer all inquiries as to these places if writers will inclose a postage stamp.

The St. Louis College.—The two homœopathic colleges of St. Louis have reconciled their differences (an unfailing sign of strength as well as of wisdom), and have united their energies and their collegiate resources in one strong institution, with most of their very best men in its corps of instructors. Success to it.

Errata.—In our July number, page 441, line 15 from bottom, "preserved" should read, *pursued.*

In the August number, page 480, 2d and 3d lines from bottom, "leads to the influence," should be, *lead to the inference.* Also on page 495, line 13 from top, please correct our bad grammar by striking the "s" from "obligations."

University of Michigan.—The homœopathic department of this institution held its commencement June 29th. The degree of Doctor of Medicine was conferred upon sixteeen candidates, three of the number being ladies.

Dr. A. I. Sawyer, of Monroe, Michigan, has donated to the homœopathic department of the University his large collection of pathological specimens, the fruits of his own labors in surgical practice for the past twenty-five years. It will be known as the "Sawyer Collection," and will prove an attractive feature of the college museum.

American Institute of Homœopathy.—The *Bureau of Sanitary Science* will discuss at the next session, to be held at Niagara Falls, the general subject of "Social Hygiene." It will be subdivided and assigned as follows:

Introductory Paper, by the Chairman, D. H. Beckwith, M.D., Cleveland, Ohio.

"Hygiene in Travelling," T. P. Wilson, M.D.

"Hygiene of Food and Cooking," T. S. Verdi, M.D.

"Hygiene of Manufacturing," G. M. Ockford, M.D.

"Hygiene of Schools," Bushrod W. James, M.D.

"Hygiene of Hospitals, Homes, Almshouses," etc., W. H. Dickinson, M.D.

"Hygiene of Prison Life," A. R. Wright, M.D.

"Hygiene of Plans of Public Assemblage," E. U. Jones, M.D.

Volunteer papers on any portion of the subject will doubtless be accepted by this energetic Bureau.

The American Public Health Association will hold its annual session October 17th to 20th inclusive, at Indianapolis, Ind.

On the 25th of July the mayor of Indianapolis appointed a local com-

mittee of arrangements for this meeting, having been authorized by the common council. The chairman of this committee, Dr. Moses T. Runnels, called a meeting of the committee at his office on the 5th inst. The following persons were present: Gov. A. G. Porter, Mayor D. W. Grubbs, Rev. O. C. McCullough, Prof. J. M. Bloss, V. T. Malcott, Esq., J. J. Turner, Esq., Drs. M. T. Runnels, J. C. Walker, E. S. Elder, George Hasty, T. M. Stevens, and O. S. Runnels. The following railroad men were out of the city and could not attend the meeting: Joseph W. Sherwood, Esq., C. E. Henderson, Esq., C. C. Gale, Esq., and Major Robert Emmett.

The following sub-committees were appointed:

Committee on Transportation—C. C. Gale, chairman; Governor A. G. Porter, V. T. Malcott, C. E. Henderson, J. W. Sherwood, Robert E. Emmett, J. J. Turner.

Committee on Finance—E. B. Martindale, chairman; A. D. Lynch, treasurer; Charles Mayer, N. S. Byram, Prof. W. A. Bell.

Committee on Reception and Entertainment—Moses T. Runnels, M.D., chairman; Mayor D. W. Grubbs, Rev. O. C. McCulloch, Prof J. M. Bloss, Rev. G. L. Curtis, Rev. E. A. Bradley, George Hasty, M.D., J. C. Walker, M.D., J. A. Sutcliffe, M.D., W. Walling, M.D., O. S. Runnels, M.D., Thad. M. Stevens, M.D., E. S. Elder, M.D.

An effort will be made to secure free transportation for the members to and from the meeting.

A Mad Allopathic Medical Society.—We copy the following from the *Indianapolis News* of August 8th. It is self-explanatory.

The Marion County Medical Society had a stormy session last night, *i. e.*, stormy for outsiders. Following an address by Rev. George L. Curtiss, M.D., on "Air and its Impurities," the society proceeded to discuss the proper thing to do relative to the meeting of the American Public Health Association, to be held in Indianapolis in October. The "regulars" felt that there had been a gross violation of the code of ethics by the mayor in the appointment of a homœopathist upon the committee of arrangements, and the city court chamber resounded with shrieks of denunciation. Eventually their work took the following form, the resolution being adopted with but one dissenting vote:

"Whereas, The appointments made by the municipal head of the city to represent medical interests at the meeting of the American Health Association, shortly to convene here, do, for the most part, so illy represent the learning, experience and professional standing of the medical profession here, and as such action is generally considered binding on account of its official source; therefore,

"*Resolved*, That this society desires hereby to express its disapprobation of such action, and requests its members to abstain from any participation in the proceedings of such assemblages under present auspices; and we desire hereby to communicate the knowledge of our action to our medical brethren throughout the State."

There was a minority effort against the passage of these uncalled for resolutions, and it was asserted that it was in bad taste and undignified for the society to issue its pronunciamento and refuse to participate in the deliberations of the coming convention, when as yet the Marion County Medical Society had not been asked to give dignity and weight to the American Health Association by its presence and counsel. The Governor and Mayor were defended by the statement that Dr. Runnels had been the only physician from this city who had taken the time and trouble to attend the meeting at Savannah last year, and that it was chiefly through his efforts that Indianapolis would be honored with its presence this year.

The member who dared thus to defend the officials for their recognition

of a homœopathist was emphatically squelched by the fire-eaters, they leaving him in a lonesome minority upon the vote being taken. It is asserted that there were many members who did not vote at all who were really opposed to the resolution, but were afraid to buck against the old wheel-horses of "regular" medical nonsense.

With all due deference to the gentlemen of the regular school, when this resolution struck the public view to-day there was a broad laugh. The idea was felt to be absurd. It was interpreted as a direct drive at Dr. M. T. Runnels, who is chairman of the committee of arrangements, and upon this gentleman a *News* reporter at once called. Said the Doctor: "Oh, I can't talk about that."

"But how about the Health Association?" queried the reporter.

"The meeting will be held," was the sententious reply.

Then the reporter hunted up Mayor Grubbs, and found that his attention had already been directed to the fiery resolution.

"How does it strike you?" was the first and only interrogatory propounded, to which the municipal head made reply as follows:

"The American Public Health Association is not a medical society. Its object, as I understand it, is to discuss sanitary measures, and to ascertain, as far as possible, what should be done to prevent diseases, not to cure them. In this city there are but three gentlemen who hold membership in the association, viz., Prof. J. M. Bloss, Thaddeus Stevens, M.D., and Moses T. Runnels, M.D. The latter two gentlemen requested the appointment of a committee, and the names, as published, were furnished by them, and were, I think, written by Dr. Stevens, who I believe is a member also of the Marion County Medical Society. The fact that two doctors of the same school should agree upon a matter of this kind is enough to paralyze an ordinary mortal; but when two physicians of opposite schools agree upon any proposition, as they did in this case, the interests of peace forbid that any one else should object.

"Physicians have no more interest in the proceedings of the American Public Health Association than have men of other trades and professions who feel an interest in sanitary and other questions affecting the public health. It is indeed surprising that an organization, but one of whose members has heretofore felt interest enough in such questions to join the association, should attempt to dictate to resident members who shall compose the committee of arrangements. The committee was selected by resident members of the association, and the gentlemen named are representative men of the city. If the members are satisfied with the committee, I do not know why others should complain."

OBITUARY—McCLELLAND.

The Pittsburgh papers announce the death recently of Miss Sallie McClelland, sister of our colleagues, Drs. J. H. and John B. McClelland. She will be sadly missed by her church and by the Pittsburgh Homœopathic Hospital, to both of which she contributed largely of her means and her energies. Her Christianity was of that practical kind which, beginning in the innermost recesses of the heart, finds its beauteous expression in daily acts of charity and benevolence, and esteems it the highest delight to minister to the happiness of others. We respectfully tender our condolence to the bereaved family.

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

Send all business communications direct to our office.

COLLEGE OF PHYSICIANS OF PHILADELPHIA

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, October, 1882. No. 10.

Original Department.

THE CHEMISTRY OF MERCURY, AND THE CONSTITUTIONAL EFFECTS RESULTING FROM THE USE OF AMALGAM FILLINGS.

BY J. P. MILLS, M.D., CHICAGO, ILLINOIS.

THE following paper is chiefly an abstract from an article bearing the above title, and written by Eugene S. Talbot, M.D., D.D.S., Lecturer in Rush Medical College. It is also derived in part from personal conversations with the author and with his eminent assistant. A careful consideration of the facts herein contained will not only prove useful in the management of certain inveterate cases, but will also show the accouchement of a homœopathic baby—a baby, however, which was erroneously decided to be of allopathic pedigree.

Amalgam fillings were first introduced in 1833. War was waged against them by the better class of dentists from the very beginning. They were officially condemned in 1841 by the American Society of Dental Surgeons; and the same society, backed up by a New York medical society, declared their use to be malpractice. It was ruled that "no amount of care in its combination or use would prevent its occasional bad effect." All this, however, had but little effect upon the profession as a class. And now tons of amalgam filling are used every year.

As but little skill is needed in the use of this amalgam, educated dentists also objected to it because it tended to support charlatans.

In the manufacture of the amalgam, two changes may be observed. First, there is a mechanical mixing of filings with mercury; and second, there is a chemical transformation, which is apparent in the hardening of the composition.

No scientific investigations concerning the possibility of deleterious effects from the use of amalgam were made, until Dr. Talbot began his experiments.

In his first list, he placed in a four-ounce bottle, in which was suspended a piece of gold-foil, a quantity of mercury, taking care that the two metals did not touch. The glass stopper of the bottle was then carefully cemented. In about thirty-six hours, the gold became coated with mercury, and thus it was proved that the quicksilver evaporates.

Professor Haines, of Rush College, a high authority in chemistry, was next consulted. He suggested that two reagents be used, the Ammonia Nitrate of Silver and Chloride of Platinum. With the former liquid he wrote upon white paper, and proceeded to Experiment No. 2.

Three bottles were prepared. In one was put amalgam, made of 3 parts of mercury to 8 filings; in the second, an amalgam containing 5 grains more mercury; the third was left empty. A strip of the prepared paper was then put across the mouth of each bottle, and the respective stoppers were sealed. After ten minutes bottles Nos. 1 and 2 showed their paper blackened. No. 3 was unchanged.

Experiment No. 3 was conducted in the same manner, except that the Chloride of Platinum was substituted for the silver. A like result was obtained, but a longer time was required. A series of experiments was then conducted with amalgam fillings, which had been in use for periods varying from two months to sixteen years. The results coincided with the former experiments. Precaution was taken to apply the test to the fillings alone, but the paper remained unchanged. Again, four bottles containing respectively a small quantity of the first, second, third, and sixth decimal triturations were submitted to the same test, and with a like reaction; more time, however, was required to complete the test in case of the high triturations. An amalgam filling was placed at the base of a sensitive plant. In four days the extremities of the leaves were dry, brittle, and had changed color. At the end of ten days, the plant was dead.

Four ten-ounce bottles were procured. Into No. 1 was put some pure mercury; into No. 2, amalgam scraps, six months old; into No. 3, fillings, from two to ten months old; and into No. 4, fillings, sixteen years old. Into each bottle was put a roach, and air was supplied through cloth covers.

The roach in bottle No. 1 died in two days; that in No. 2 in three days; that in No. 3 lived several days longer; while the roach in the empty bottle survived sixteen days.

Although a piece of amalgam was exposed to the air for three months, it was impossible, even then, to detect by the most careful weighing the slightest diminution in its substance. And even a filling, which had been in use for sixteen years, retained its original bulk all this time.

"It is the opinion of many eminent scientists that mercury inhaled is much more active than when taken into the stomach." . . . . "This is readily understood when we consider that it is distributed over a large surface and brought into direct contact with oxygenated blood and carried to all parts of the body."

Dr. Talbot relates several cases of mercurial poisoning, clearly traceable to amalgam fillings. And after the removal of these, all symptoms disappeared, although they had resisted careful medication for months and even years.

The writer, having suffered from the ill-effects of amalgam fillings, desires to add his experience to the testimony against them. Two years ago, despite his decided protest, one or two of his teeth were treated with amalgam fillings; and since that time he has suffered from metallic taste, rheumatic pains, excess of saliva, gastric disturbances, and an oversensitiveness to atmospheric changes, to which formerly he was a stranger. As some of his teeth are filled with gold, the two metals in contact make him feel, at times, as though his mouth was an electric battery.

These facts teach us that we must inspect a patient's teeth in our search for the origin of obscure diseases; and that any such obnoxious fillings as are composed of amalgam, must be at once removed.

We congratulate our allopathic brethren on their scientific exposition of the activity of inappreciable particles of mercury. They have demonstrated the truth of that feature of homœopathic dosage which they have so long derided. And yet even now they do not seem to see that a state of the system similar to the effects of mercury will of necessity render that system more susceptible to the influence of the metal.

VASCULAR REMAINS OF THE PUPILLARY MEMBRANE.

BY W. H. WINSLOW, M.D., PH.D., PITTSBURGH, PA.

Master R., æt. 11 years, a well-developed, bright, healthy boy was brought to me for treatment on account of severe ocular pain during near work, which persisted a while after the eyes had been closed in a dark room for the night.

The parents were healthy, ruddy, strong types of the Anglo-Saxon, in middle age, without a sign of constitutional deterioration or specific lesion. The father's eyes showed emmetropia; the mother's, irregular, mixed astigmatism. I had fitted her, two years before, with spectacles. The right eye required $-\frac{1}{36}$ cy. ax. $40^\circ \bigcirc + \frac{1}{60}$ cy. ax. 115°; the left, $-\frac{1}{36}$ cy. ax. $130^\circ \bigcirc + \frac{1}{60}$ cy. ax. 40°. These gave perfect relief, which has continued to the present time.

The boy had been studying hard at school; he complained of watering and smarting of the eyes, and of pain, which became worse in darkness. There was simple conjunctivitis, with an unusual degree of photophobia, and some tenderness in the ciliary region. V $= \frac{5}{5}$ the boy read 1J. from 4″ to 18″; the fields of vision were perfect. Emmetropia was confirmed later by complete relaxation under Atropia sulphate. The iris was healthy and active and the pupil reacted rapidly in both eyes to direct and associate excitation by bright light. The cornea, aqueous humor, vitreous and fundus were absolutely normal. When the pupils were contracted, I noticed a thready loop at the upper margin in each eye, simulating the slender filaments so often seen in posterior synechiæ. I traced them to the anterior surface of the iris. There was no thickening of the uvea upon the posterior border of the iris, no synechia, no straining of the anterior capsule.

The filament on the right iris took origin from the junction of the zones in the superior internal sector of the iris, by five branches. Three of these united to make one branch, and two another, within the pupillary border, and the two, thus formed, joined into one fibre on the vertical diameter of the pupil. This single filament crossed the pupil obliquely downwards and outwards, forming a chord of the superior external arc of the pupil, separated into two branches just inside the pupillary margin, and these pierced the loose stroma in the middle of the inner zone of the iris, in the horizontal meridian, and were lost to view. In the middle of the single filament there was a trunk .5 mm. long, which rested upon the lens capsule, and appeared like a broken vessel. The single filament was thickest at its middle, and tapered each way. When the pupil was dilated, it was tense and straight; when contracted, it formed a loop, had the short trunk upon its lowest convexity, and exactly resembled a vascular trunk, separated above into a right and left branch. Below the external attachment of the filament there was a rough pupillary edge, which showed three filaments, about .5 mm. long, projecting towards the centre of the pupil.

The filament upon the left iris sprang from the junction of the zones in the external sector of the iris by six roots. Three above the horizontal meridian formed one filament that passed directly inwards; three below formed another that passed upwards and inwards; the two then united to form a single fibre, just inside the pupillary margin. This passed upwards and inwards, making a chord of the superior external arc of the pupil. Its end split into three short branches over the margin of the pupil, and immediately entered the stroma of the inner zone outside the sphincter, and disappeared. The filament was tense when the pupil was dilated, and hung down as a swinging loop when it was contracted. It did not show any trunk along its course, as in the right eye, but was a little thicker in the middle, and tapered towards its ends. The pupillary margin of this eye was smooth throughout.

Strong solutions of Atropia, used for a week, made the filaments more apparent, tenser, and smaller, but they did not notch or drag upon the pupil, or show that they opposed resistance to the dilating fibres of the irides. The Atropia relieved the photophobia and pain, and the conjunctivitis disappeared after the use of a Boracic acid wash, and the administration of a few doses of Mercury.

The catarrhal disease may have caused the ciliary irritation, but the mildness of the former renders it probable that there was a predisposition to the latter, occasioned by tension of the vascular cords.

Dr. W. C. Ayres says: "In embryos, from 22 to 24 mm. in length, the space between the substance of the cornea and capsule of the lens is filled by a transparent, vascular tissue, which contains round, spindle, and star-shaped cells, imbedded in a homogeneous, intercellular substance. . . . The tissue in front of the lens, however, forms a membrane, the vessels of which are immediately continuous with those running laterally and behind the lens."—*Arch. of Ophth.*, vol. viii, No. 1, pp. 8 and 9.

Königstein says: "The pupillary membrane consists of 4 to 5 large bloodvessels, forming arches; numerous small bloodvessels, coming from the iris and communicating with each other, empty into these arches; the centre of the pupillary membrane is always free from bloodvessels. The bloodvessels of the pupillary membrane do not come from the circulus iridis minor, but, in conjunction with the bloodvessels of the ciliary muscle and ciliary processes, form the ciliary bloodvessels."—*Arch. of Ophth.*, vol. xi, No. 2, note, p. 254, on article in *Græfe's Arch.*

The capillaries and small vessels from the anterior surface and border of the iris and the periphery of the pupillary membrane anastomose and form arches; these unite and make several common trunks, which pass behind the iris to the ciliary body "running laterally and behind the lens." The trunks in the posterior chamber are probably partly inclosed in iris tissue, and they usually break off behind the margin of the pupil about the beginning of the eighth month, on account of atrophy, and the increasing muscular power and activity of the pupillary sphincter. In the early stages a complete iritic circulation, comparable to the placental, exists until the pupillary membrane and its vessels are atrophied, and dissolved by the pressure and properties of the accumulating aqueous humor in the closed anterior and posterior chambers.

The iris is a permanent tissue, while the pupillary membrane is a temporary prolongation of its pupillary edge; the veins of the iris go outwards and backwards upon its posterior surface, and the arteries pass anterior to them. The same distribution of vessels must necessarily be present in the pupillary membrane.

The regularity, size, contour, branching, situation and attachment of the filaments, in the case under consideration, make it certain that they are the remains of venous radicles and arches of the pupillary membrane, which have resisted the usual retrograde metamorphosis and atrophy, and persist to shed light upon developmental processes, and to confirm the observations of Ayers, Königstein, and others.

THE PATHOLOGY OF CHOLERA INFANTUM.

BY JOHN C. MORGAN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE programme of the Bureau of Pædology, as printed, commits me to the preparation of an essay on *Gastro-enteritis*. Knowing, however, that cholera infantum is meant, and rejecting this phrase as an improper designation, I adopt the usual title, as above, after due consultation with the Chairman.

In the first place, any inflammatory phenomena which may occur, are rather evidences of the *reaction* which follows the primary choleraic symptoms, these being the first object of the physician's thought, in genuine cases.

Whatever the irritant, the whole nervous periphery is primarily irritated, in cholera infantum.

Hot weather, I regard as paramount; cold nights aggravate, as do teething, indigestion, foul air, etc. The initial symptoms, in most cases, are two, viz., *vomiting and purging.* Some of the later symptoms may be dislocated, and appear earlier, especially such as relate to the nervous system. The skin, above all else, seems to be the *punctum saliens* of the phenomena, and the medulla and pons take the brunt of the gravest symptoms. Rapid prostration is common. The urine is scanty, even suppressed. All forms of cholera resemble the gastro-enteric type of a "congestive chill;" so this; and *as a congestive chill it may be viewed.* Again, as all forms of cholera are subject to reaction, with a low form of inflammation and fever, so also is cholera infantum, with its encephalic and gastro-intestinal sequelæ.

I wish, then, to diverge here, from books, journals, and traditions, and present cholera infantum in bold relief, as a choleraic form of congestive chill; subject to a fatal issue, firstly, through *primary collapse;* secondly, through *acute reactive inflammations*—of the brain and its membranes, the stomach, bowels, liver, and sometimes other viscera; thirdly, through the subacute or chronic *sequelæ* of any of these lesions; and fourthly, through simple inanition.

To each of these symptomatic groups, we will have to attend; but lying behind all, is this initial fact, viz., nervous shock. As in severe traumatic injury, so in congestive chill, and in the primary onset of choleraic disease, the nervous system is evidently assailed. Before the first vomiting, or the first stool, it may be noticed that the child is languid, the extremities cold, the pulse small, the face pale or leaden, showing symptoms, indeed, of what may properly be called the commencing chill-stage, with general vaso-motor spasm, and increasing internal congestion, affecting not alone the stomach and bowels, but the whole interior organism, the brain being in special danger; but this is more notable during the stage of reaction. During the profuse evacuations, upward and downward, which speedily ensue, the brain is measurably defended from disaster; but as soon as these cease, particularly if astringents and opiates be used, that important organ and its meninges, particularly in the basilar region in bad cases, take on their share of serous exudation, with inflammatory tissue-changes, these processes being analogous to those of the mucous membrane, just arrested. Without being wholly a metastasis, since the congestion was primary, the brain-disease is determined by sudden arrest of the former discharges.

The encephalon, at first, shows only symptoms of the general shock, the head is cool—the anterior fontanelle is concave and non-pulsating; and the nervous symptoms are those of inertia; but during the reaction, all this is changed. The head becomes hot, particularly about the base and occiput; the manner is nervous and excitable; the fontanelle protrudes and beats in rhythmic harmony with the radial pulse, which is frequent and febrile. Hyperæmia of the brain and its membranes, with like symptoms, attends the majority of acute troubles of teething children during hot weather, and such signs are always to be noticed with some anxiety, and promptly treated, by *Gelsemium* or *Ferrum phosph.*, etc.; but now they are of the gravest import, for at any moment convulsions and unconsciousness may usher in a sad series of brain phenomena, ending in death. Rolling of the head, the encephalic cry, the squinting eyes, jerking face, and limbs, chewing motions of the mouth, etc., complete the rueful picture; and finally aggravated spasms, followed by stupor and general paralysis, and lastly, too often death.

Post-mortem examination, of course, reveals lesions, differing with the stage at which death occurs. If at primary collapse, general visceral congestion prevails; if at the inflammatory reaction, arterial hyperæmia of the several organs, with effusions, and inflammatory increase of their tissue elements. If fatal during the subacute or chronic sequelæ, tissue-degenerations are mingled with, or supersede these; and the general body is wasted, or otherwise, according to the duration and special developments of the case.

The therapeutic inferences from these pathological premises must differ with the same; but I would emphasize the claims of *Camphora*, *Cupr.*, *Ars.*, *Merc.*, *Magnesia phosph.*, and *Veratr. viride.*

ALIMENT AND HYGIENE IN CHOLERA INFANTUM.

BY JOHN K. LEE, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

In the discussion of this division of the subject, a careful consideration of all those prophylactic measures which are recognized by advanced medical science and experience is of the first importance. These include attention to diet, dress, exercise and habitation. Nature in her beneficence ordinarily makes ample provision for the support, growth and protection of her offspring. From the mother's breast is distilled a typical food

that furnishes all the inorganic matter necessary for the nutrition of the infant, containing even a small percentage of iron. Like a perennial fountain, there is no absolute interruption of its flow, and it is adapted in quantity as well as quality to the demands of the child at different periods of its existence, and, as a rule, the mother is capable of supplying all the nutritive requirements of the infant for the first period of initial life, of from eight to twelve months, or until complete dentition and other physiological changes enable it to find other means of subsistence. Although it is a fact generally recognized by physiologists, that the secretion of milk is little influenced by special diet, the maternal alimentation should be generous and sufficient during the term of lactation, and of the quality usually required by the system to maintain the standard of full health, to the exclusion of all those articles which have a specific influence upon the lacteal secretion. The mother should also, as far as possible, be preserved from all depressing or disturbing mental emotions, as these have a modifying influence upon the secretive process both in quantity and quality. Menstruation also modifies the normal constituents of human milk, greatly increasing the amount of casein, likewise the proportion of butter, and the inorganic salts, and slightly diminishing the lactose. Hence the popular opinion that a child should be weaned when the menstrual function is re-established, has other supports than those of domestic tradition.

Healthy human milk possesses no viscidity, is nearly opaque, almost inodorous, of a peculiar, soft, sweetish taste, and when perfectly fresh, of a decidedly alkaline reaction, with an average specific gravity of 10.32, and a daily production of from two to three pints. Casein is by far the most important of the nitrogenized principles of milk, and supplies nearly all of this kind of nutritive matter demanded by the child. After ingestion, liquid casein is immediately coagulated by the gastric juice, by virtue of its free acid and organic matter. In this state it is a semi-solid or jellified substance, and is easily digested, but sometimes it happens that from undue acidity of the stomach, it becomes, instead, a solid cheesy substance, exciting gastric and intestinal irritation by reason of its imperfect indigestion.

Next in importance as a nutrient of infantile life, is the milk of the cow, and in order that it should subserve this purpose, special care should be exercised to secure it pure and sweet, and free from deterioration. In high latitudes where the nights are damp and cool, milk can be transported ten or

fifteen miles without any special care, and kept sweet for a considerable time, but as we pass southward, the temperature increases, and the period that milk will remain sweet becomes less and less until is is necessary under present treatment to use it almost as soon as it is milked. Consequently in some cities of Southern Europe, the cows are driven around and milked at the door of the consumer. Therefore milk demanded as food must be produced within a comparatively short distance of the place of its consumption, unless there are railroad or water facilities for its rapid transportation. If conveyed in wagons, fifteen miles is about the extreme limit of its cartage, but if transported by steam, either by boat or cars, one hundred and fifty miles is about the maximum distance. Experience proves that milk supplied by rail keeps sweet much longer than that furnished from other sources. The explanation of this is found in the fact that in the one case every precaution is employed to prevent the deterioration of the milk, whilst in the others, sufficient care is not taken to preserve it, and it is often distributed before it has had time to cool.

Because of the importance of the information, I will so far digress, even at the hazard of being charged with prolixity, as to describe in brief detail the method of preserving milk by *cold* and *quiet*, which is the process employed by dairymen generally, who are compelled to send their milk to market by railroad.

It consists in cooling the milk to 40° Fahrenheit as soon as possible after milking, and in keeping it at that temperature in perfect quiet until it is ready to be carried to the cars. The essential requisite is a spring of cold water—the quantity not of so much consequence as its degree of coldness and its constancy of temperature. The water should be conducted the shortest possible distance from its source to a suitable place for the location of the milkhouse, which should be by preference on the north side of a hill, well shaded and so situated that the water from the tank will readily flow off. The house must be of such a size and form as to admit of a tank two feet wide, and sufficient length to hold all the milk cans. Its depth should be four inches less than the depth of the cans, with a separate division for each can, and the divisions so arranged that the water may pass from one to another. The water from the spring enters at the bottom of the first division and from the top of the first enters the second, then from the *bottom* enters the third, and so on alternately entering at or near the top of one and the bottom of the next division. This

secures a perfect current around each can, particularly if the top entrances are at the back side of each alternate division, and the bottom entrances at the front side of the tank. This tank is so arranged as to be free from any currents of air, and the ventilation is only sufficient to keep the air pure. The ventilators may be opened during clear and rainy weather, but never in stormy weather. In all cases ingress of air should be interrupted as soon as a thunderstorm approaches, and until the milk is removed, for the reason that ozone, which is freely generated by electricity, acts energetically on the milk, souring it in a few minutes, often ruining it before the storm abates. Therefore all air from the vicinity of the thunderstorm, which always contains ozone, should be carefully excluded from the milkhouse. Having prepared a receptacle for the milk, its treatment remains to be considered.

The cows are milked in the cool of the evening, just after sunset, and the milk is immediately strained into the cans which are to convey it to market. The cans, which are made of strong tin, and well bound, contain about forty quarts, and when filled, weigh about one hundred and twenty pounds. As fast as the cans are filled, they are placed in the tank, beginning with No. 1. They remain uncovered when placed *in situ*, and their contents are not allowed to be stirred or even jarred. In the morning the cows are milked before sunrise, and the milk disposed of as before, only observing that the warm morning's milk must not be added to any unfilled can of cool evening's milk. In no case should a can of morning's milk stand in a tank above a night's can, since in that case, the warmth of the morning's milk may be imparted to the night's milk, and the process of souring be initiated.

About 3 or 4 P.M., the milk is carried for shipment to the station, and being then of an equal temperature, may be mixed so as to fill the partially filled cans. In fact there is now no difference between the night and morning milk.

The cans are placed in wagons, and wet coverings spread over them, to which are added buffalo robes and other applications. At the station these cans are transferred to the cars and closely packed together without any coverings, and carried to their destination during the night at a speed of twenty miles an hour. The cans are then removed in carts, and their contents distributed to consumers.

The milk, therefore, does not leave the cans until it is sold, and generally it is disposed of at a temperature nearly as low as when it was removed from the milkhouse. In this con-

dition it will keep sweet twenty-four or thirty-six hours, and is pure country milk from cows well fed, quite different from that retailed at a temperature of 70 or 80 degrees. The essential and great point is that the milk is kept as still as possible until it attains a temperature of 40 degrees or less, when it may be stirred and transported a considerable distance without injury, provided the temperature is not materially elevated.

And it may be asserted as an incontrovertible truth, that milk that is not cooled, commences to decay a few hours after milking, and is not a healthy diet either for children or adults. It is not so much sour milk, but milk in a state of decay, that is prejudicial to health. No food should be eaten while a chemical change is taking place among its constituents.

Milk of good quality can be diluted by the addition of one part of water and a small quantity of sugar of milk, and salt should also be added. Where there is undue acidity of the child's stomach, cream, which does not contain as much casein, can be used with an equal amount of water.

Sometimes, however, experience teaches us that the infant is best nourished by condensed milk. This is obtained by the evaporation of the watery portions of the milk until it solidifies. In this state it is placed in hermetically sealed cans, and will remain sweet for an indefinite time. It is a well-established fact, that diastase or ptyalin, which is necessary to the digestion of starch, is not secreted by the salivary glands until the eruption of the teeth.

Therefore, when starchy or farinaceous food is given to an infant, even in small quantities, it passes unchanged into the stomach, not as a food but rather as a foreign non-assimilable substance, and acts there as an irritant, producing indigestion, vomiting, diarrhœa, etc.

Consequently all such articles of food as tapioca, sago, cornstarch, rice, oatmeal, crackers, and other starchy substances, should be interdicted, or given with great moderation and caution until dentition is well advanced.

Of equal importance to the intelligent regulation of the diet of infants is a careful attention to their hygienic condition, as the disease under consideration may be engendered by breathing an atmosphere polluted by surrounding filth, to the neglect of personal cleanliness. The delicate infant not only suffers from the natural heat of the summer solstice, but is often stifled by the superheated air of the kitchen with its noisome odors and impurities. The child should have the advantage of pure country air whenever possible, should be loosely

dressed in short clothes, wearing always a binder of soft flannel as a protection to the abdominal viscera. It should be sponged frequently in tepid water, and its clothes changed daily, or oftener if necessary. It should live in the open air as much as practicable, and not be nursed or fed oftener than every three hours, and after feeding it should be kept comparatively at rest until the process of digestion is complete. The stomach, like any other part of the human organism, needs rest for the recuperation of its natural forces, and therefore its functions should not be constantly taxed.

From the commencement to the conclusion of the disease the diet of the infant should be carefully regulated, as this is the most important factor in the treatment. If the child is nursing, it should be confined exclusively to the breast, care being taken that the milk is healthy, and free from colostrum granules. If it is nourished by the bottle, the character of the milk should be determined, so that it may be up to the standard in quality. When the milk is not retained or digested, the diet for a few days should consist of barley or arrow-root water, until the stomach regains its normal condition. If the disease is intractable, and does not promptly yield to treatment, the child should if possible be sent to the country or seashore.

Of course all rules and methods prescribed must be elastic, and varied by the individual practitioner, to suit peculiar conditions and idiosyncrasies.

TREATMENT OF CHOLERA INFANTUM, ETC.

BY HENRY N. GUERNSEY, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

I HAVE been requested to furnish a paper on this occasion, giving the proper treatment for all children's complaints of the bowels, whether arising from dentition, or having their seat in the stomach, liver, brain, or wherever they might be, provided that child has loose bowels.

To follow the course in this matter that I pursued in the treatment of diseases of children as published in my work on Obstetrics, or the plan of Dr. Charles G. Raue as published in his work on Pathology, or that of Dr. Samuel Lilienthal, as published in his work on Homœopathic Therapeutics, or in any other similar work, would not be worthy this occasion or the object to be obtained in the present enlightened and advanced state of homœopathic practice.

To do what might and ought to be expected of me now, since such progress has been made in the art of healing, would be to produce a complete monograph on this subject, covering at least 300 pages of foolscap paper, all finely and closely written. Said monograph should comprise Sir William Hamilton's definition of science, viz.: "Science is a complement of knowledge, having, in point of form, the character of logical perfection, and in the point of matter, the character of real truth." Such a monograph we want, and, I am happy to say, such a one we have, containing a real scientific treatment on diarrhœa, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels, by James B. Bell, M.D., now in its second edition. By means of this work, our practice on *this* form of diseases at least may be elevated to a real scientific plane, one upon which we can all agree and which we can carry forward to greater and still greater perfection throughout all coming time. This plan of treatment can be recommended as no other can, being simple in arrangement, scientific in form, and efficient as truth in its results.

In order to use this work efficiently, one needs to become thoroughly acquainted with the method of using it, as explained in the introduction, and of selecting the remedy and its administration. It might be further stated that the first thing to do, as a matter of course, is to note down the case in hand most carefully, giving every particular symptom. Now select one or more of the most characteristic symptoms of the case, and turn at once to the Repertory (part 2), and after a few moments of careful comparison, all the conditions and symptoms will be found covered by a single remedy. Every comparison thus made will make the work easier and easier at every successful comparison, and the success of the practitioner more and more certain in future cases, and will greatly increase one's knowledge of the Materia Medica. For example, we are called to a case where the stools are liquid, light yellow or greenish, or green mucus, or bloody mucus; the cause, dentition or summer weather; there is evidence of pain before the stools; during stool, tenesmus, often violent; after stool, exhaustion or drowsiness. There is, also, sudden and violent vomiting immediately after nursing; milk is thrown up just as it was swallowed, or in large curds. Now the child often seems exhausted, sleeps a little while, and awakes for a fresh supply of milk, when the same routine of symptoms recur, and so on day after day. There may be other symptoms, sopor, convulsions, etc., but one can hardly help being struck with

this peculiar vomiting. He at once consults the nausea and vomiting symptoms in the Repertory, and here finds it exactly, and *Æthusa* seems to be the remedy. Now he looks under stools, liquid; or stools, mucus; the aggravation; before stool; during stool; after stool, etc., and it appears that Æthusa *must* be the remedy. Now read up on Æthusa in part first, and we will feel satisfied. We cure the case with Æthusa, and we have learned some Materia Medica for all coming time.

If descriptive treatments we must have, let there be monographs on all the ills flesh is heir to, after the pattern of J. B. Bell on diarrhœa, or C. Von Bœnninghausen, M.D., on whooping-cough. To these, additions can be made, so as to make them more and more perfect as time goes on, retaining the original as a basis, as so much gained. It seems to me, it is quite time to stop this endless spelling out of a few lines on treatment, at least so fast as we can do better.

I propose to close this paper in going completely through J. B. Bell's monograph, making a few additions and suggestions, which can be easily added as footnotes to the printed copy. Let every member of our society do the same, as he learns good and true symptoms, and when our good doctor is about to issue a new edition, let us offer him our contributions for the common good of all mankind.

Acetic acid should be added outright, as a most valuable remedy. Stools, *liquid, undigested, profuse, offensive,* light color.

Aggravations.—In phthisis; typhus; in the morning; dentition; heat of summer.

During stool.—Either painful or not.

After stool.—More or less exhaustion.

Accompaniments.—*Great thirst, profuse urine, debility.* Swelling of feet and legs. Swelling of abdomen. Irritability. Delirium. Stupor. Fainting. Face pale, waxen, emaciated. Vomits every kind of food. Poor sleep. Skin pale and waxen.

Acetic acid rarely fails to cure, if not too frequently administered, when there is great thirst, profuse urine, and marked debility. Should not be used below the 30th potency, and not repeated more than three times before awaiting its action several days at least.

Aconite.—A quiet, subdued state contraindicates it. Comfortable in no position or in any circumstance. Everything is troublesome and worrisome to the patient. If one feels in-

clined to use Acon. as an intercurrent with another remedy, he may feel sure that *neither* should be given. The similimum would be in another direction.

Aloe.—Stool, distinct gobs of pure mucus.

Belladonna.—*Empty, retching,* and *gagging.*

Bovista.—Invaluable for any morning diarrhœa according to the symptoms, whether in men or women; during menses or otherwise.

Bryonia.—From suddenly checked perspiration in hot weather.

Elaterium.—Overlapping of cranial bones, emaciation, and olive-green stools. Feeling at rectum (like Nux v.) as though more remained.

Lycop.—Does not like to be left alone. Desires company.

Muriatic ac.—Cannot urinate without passing fæces at the same time.

Phosph.—Stool pours out as water from a hydrant.

Sarsaparilla.—Clotted or liquid blood is passed at the conclusion of the flow of urine followed by relief of pain.

CLINICAL CASES—CHOLERA INFANTUM, ETC.

BY C. R. NORTON, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

July 30th, 1877.—Boy of 11 months. Admitted to the hospital for a diarrhœa which had been occasional for some weeks; he was emaciated, had as yet cut no teeth; on the afternoon of this date had two large, yellow, thin, bad-smelling stools. *Psorinum* 5^{m}.

August 1*st.* Child cried nearly the whole of the past-night; passages not so bad-smelling; appetite fair; no marked thirst; abdomen somewhat distended; no pain. *Apis mel.*^{200}.

August 2*d.* Child worse; cried all the after part of the night; looks pale and very sick; more thirst; had ten or twelve stools during the 24 hours; much pain with the passages; they were watery, yellow, last ones having a sourish smell. Vomited twice in the afternoon. Rolls his head a great deal; pupils normal. Extremities warm. *Podophyl.*^{200}.

August 4th. The passages have been lessened in number, but they have been of about the same consistency; child looks better, and the thirst is less; vomited in the forenoon. *Podophyl.*^{200}.

August 6th. The child slowly improved as regards the fre-

quency of the stools, but they are still rather watery; sleep had been better. *Sulphur*[200].

August 9th. On the 8th child had one dose of *Podophyl.*[200]; stools were not profuse; still cried a great deal at night; but it did not appear to be due to pain. In the early morning of this day he received one dose of *Chamomilla*[200]; it did no good. In afternoon saw child sleeping, and noticed that the forehead and neck were covered with great beads of sweat. *Calcarea carb.*[200], one dose.

The sleeplessness lessened, and child improved gradually until the night of the 12th of August, when it had six or seven stools looking like soured milk, colored green, chopped appearance, with a few streaks of blood and some mucus. *Magnes. carb.*[200] was then given, and on the 14th *Calcarea carb.*[200] again. Improvement was constant from this last date, and the child was afterward discharged cured.

June 29th. Girl of 18 months. Has an eczematous eruption on head and shoulders. Has a bad-smelling diarrhœa; thin and frequent passages. *Graphites*[200].

July 1st. No better. *Psorinum* 5[m].

July 2d. Diarrhœa the same; very restless at night; much thirst; drinks a great deal of water; stools smell very bad, are thin and yellow; some pain before stool. *Sulphur*[200].

July 3d. No better. Stools watery, chalk-colored, undigested, of a cadaverous odor; pain before the passages; sometimes mucus with stool. Head sweats freely, wetting pillow thoroughly: child is pot-bellied, has weak eyes; photophobia. Sour odor about body. *Podophyl.*[200].

July 4th. Same condition, only the stools smell like soft-soap. Diarrhœa was better the next day, and was cured in a few days. *Calcarea carb.*[200].

July 17th. Boy of 2 years. Diarrhœa of yellow, watery stools; worse by day, especially late in forenoon; thirst at night. *Natr. sulph.*[200] helped at once.

August 10th. Same child had diarrhœa from eating cakes, slyly given him by his mother. Stools thin, brownish, squirting out, involuntary. *Natr. sulph.* did no good. *Croton tigl.*[200] helped speedily.

The following cases were, at my request, most kindly furnished by Dr. D——.

Case I.—Ida G., æt. 6 years. About one week previous to first visit child had eaten unripe pears. She suffered considerable pain, and had a profuse, watery diarrhœa for a few days. This attack, however, was comparatively slight,

and medical assistance was not solicited; but after the patient had almost recovered she again indulged in green fruit, this time peaches. Her symptoms were quite severe. I saw the case, July 24th, 1882; found her suffering much pain in hypogastrium; stools frequent and large, yellow, watery, with considerable mucus and slime. Pain before stool; after stool, cessation of pain, and child seemed weak and prostrated. There was no vomiting. Gave *Coloc.* 3ˣ, watery solution, with some relief of pain, but stools did not change materially in character. On July 26th, without any marked change in stool or symptoms, save the relief of pain, I gave *Nux vom.* 3ˣ, followed it by *Verat. alb.*3ˣ in powders. July 28th, stools much smaller, with occasional streaks of blood, less frequent, and child suffered very little pain. The appetite, which had been almost entirely absent, now improved. *Sulph.* 12ˣ was then given, followed by the 30th, with marked improvement, until case was dismissed, cured, August 2d, 1882.

Case II.—Child 4 months old; diarrhœa. Stools green, slimy, undigested, with shreds, or rather lumps, of green. The aggravation was in the early morning. There was excoriation about the anus. As it is not possible to give a profusion of symptoms with a child so young, particularly when the prescriber did not see the case, the description is not graphic. *Sulphur* 12ˣ cured promptly.

Case III.—John D., æt. 8 months. *July 10th.* Diarrhœa; stools frequent, green and watery; no appetite; not much sweat; very cross; better from being carried; teething, nausea and vomiting; exhaustion after vomiting. *Æthusa cyn.* 3ˣ.

July 12th. Stools much less frequent; no vomiting. A few days later reported cured.

Case IV.—Thomas M., æt. 8 months; *August 8th.* The mother says child has a bad diarrhœa; stools are gushing, consisting of water and slime; pain during stool. Gave *Podophyl.* 3ˣ. A few days later, reported that child passes slime and blood, seven or eight stools per day; pain and tenesmus before stool, better after. Gave *Merc. sol.*, 6ˣ trit., in powders. Was reported cured a short time after.

Case V.—Emeline G., æt. 17 months. *July 15th,* 1881. Child seemed exhausted; had stool as soon as she ate anything; pain before, with relief after stool; thirst for cold drinks; restless at night, worse before midnight; stools light-colored, watery, and very offensive. *July 16th.* Slept well; had two stools, brown in color, not so watery as the day previous. *Croton tigl.* 30 was the only remedy used. The case was dismissed, cured, three days later.

The following cases were treated at the Dispensary connected with the PENNSYLVANIA HOMŒOPATHIC HOSPITAL FOR CHILDREN, and while few if any of them offer as clear a picture of the condition present as one could wish, still the main features of the case are noted, and the symptoms are as complete as the haste with which my dispensary work is done has permitted.

ÆTHUSA.—Boy of 4 months. Vomits curdled milk and has yellow or greenish watery stools. *Æthusa*^{200}. Better in two days.

ÆTHUSA.—*August 8th.* Girl, aged 6 months. Still at the breast; vomits curdled milk; stools contain curdled milk, and are profuse; cries much, and seems to be in pain; sleep much disturbed. *Æthusa* 1^{x}. Child well in 12 hours.

ÆTHUSA.—*November 5th.* Boy of 15 months. Has had diarrhœa for several months; has now five or six stools daily, the passages being thin, yellow, without offensive odor; aggravation early in the morning; much pain before and after stool, but relief soon follows; thirst great for large quantities of water; feverish between 6 and 7 o'clock P.M.; appetite variable. *Æthusa*^{200}. Was cured in a few days.

ARSENICUM.—*September 19th.* Boy of 7 months. Has been sick with diarrhœa and vomiting for two weeks; is now much emaciated; looks distressed and sick; is restless and peevish; is having five or six stools daily, consisting of green mucus, stringy; pain before and some straining after stool. *Arsenicum*^{200}. Cured.

About a month later, this same infant began to vomit and purge again; stools were greenish, thin, and slimy; some cough, with râles in the chest. *Arsenicum*^{m}. Cured.

ARSENICUM.—*October 16th.* Vomited in the night, after taking a drink; diarrhœa of dark-green, thin, slimy stools. *Arsenicum*^{200} helped somewhat. Later the passages were small, offensive, and undigested. *Arsenicum*^{200}. Cured.

ARSENICUM.—*November 5th.* Boy, 1 year of age. Has, for a few days, been vomiting immediately after taking the breast; he has, too, a diarrhœa of light-yellow, profuse stools, sometimes bad-smelling. *Arsenicum*^{200}. Was well the next day.

CALCAREA CARB.—*November 11th.* Nursing boy of 15 months. Has had diarrhœa for the past two months; has been under old-school treatment; child has a slight milk crust; the belly is enlarged at times; head sweats; knees are cold; passages are thin, yellow, bad-smelling, sometimes partly undigested. *Calcarea carb*^{30} helped the condition of the bowels very much.

CALCAREA.—*September* 23*d*. Nursing child, boy, aged 22 months. Diarrhœa for past 6 weeks; has been taking domestic remedies. Passed a lot of seat-worms to-day. The stools were thin, watery, green, or yellow; six or eight by day, and three or four at night; they are painless, and smell very bad. Sweats much on the head, the sweat being sometimes cold. *Calcarea*[30] in water.

September 26*th*. Had the most natural stool on night of the 24th he had had for 2 months. The stools are thin, however; too thin, but of better color. Only two passages since last night. Child looks better. *Sac. lac.* Did not return.

CHAMOMILLA.—*July* 19*th*. Boy of 18 months. Has been sick for a week. Vomits curdled milk, as well as the water he drinks, a little time after taking it. A few passages daily, of greenish, slimy material. Frets and cries a great deal. *Chamomilla*[200] helped at once.

CROTON TIGL.—*July* 20*th*. Boy, 2 years old. Thin, yellow diarrhœa, squirting out. Worse in the middle of the night, and early in the morning. *Croton tigl*[30]. Better the next day.

CROTON TIGL.—*August* 13*th*. Diarrhœa for 4 or 5 weeks. Stools are sometimes of the color of tea colored with milk, or look like the yolk of eggs broken up. Has ten or twelve movements daily. To-day, a little blood with the stools. Passages come with much force; fairly squirt out; much wind accompanying the movements. Eating sometimes is followed immediately by a stool. Child has much thirst. Is very cross. *Croton tigl.*[200]. Cured.

GAMBOGE.—*July* 30*th*. Boy, 6 months old. Has had diarrhœa for 2 weeks. Stools are green; look like green curds, or are slimy, or watery; they excoriate the parts. The passages occur with straining, and are expelled with much force. Aggravation by day. The child takes the breast, and is fed with the bottle besides. *Gamboge*[200] helped at once.

IPECACUANHA.—*August*. Girl of 9 months. Nursing babe. Diarrhœa of thin, green, large stools, with vomiting. *Ipecac.*[30] in water. Much better after 2 days.

MAGN. CARB.—*July* 20*th*. Boy, 18 months old. Has had diarrhœa for 3 days. Stools are green, with white lumps, watery; not profuse. Much pain all the time. Sleep, poor. Moans. Fever yesterday. Appetite poor. *Magn. carb.*[30] in water. Well in a few days.

MAGN. CARB.—*September* 3*d*. Girl of 13 months. Green, slimy stools, without much straining. Very much pain. Great thirst. *Magn. carb.*[200]. Cured.

MAGN. CARB.—*June 27th.* Boy of 14 months. Diarrhœa of greenish stools, mixed with blood. Some straining. Passages most frequent by day. *Magn. carb.*[200] helped at once.

MERCURIUS.—*August 11th.* Girl, two weeks old. Very much emaciated (mother's milk had failed). Had a diarrhœa consisting of thin, yellow, bad-smelling stools, which excoriate the parts. Urine dark-colored. *Arsenicum*[30] in water.

August 14th. Is having eight to ten stools daily, more after midnight. Strains with the passages; likewise in urinating. Stools do not smell so bad. Has a small ulcer in the roof of the mouth. *Mercurius vivus*[30]. No diarrhœa after two days.

MERCURIUS.—*July 3d.* Boy of 7 years. Had diarrhœa and vomiting a few days ago. Had much thirst the next morning, and nosebleed over night. Mother gave oil. The passages now consist of whitish mucus a little streaked with blood; much tenesmus. *Mercurius.* Better next day.

NATR. SULPH.—Girl of 10 years. Has had diarrhœa for several months. Passages occur after getting out of bed in the morning, and after eating. Stools usually thin; sudden urging preceding the passages. *Pulsatilla.* No better. *Natr. sulph.*[30]. Cured.

PHOSPHORIC ACID.—*August 10th.* Boy of 2½ years. Diarrhœa for 2 weeks. Stools during night and early in the morning, white, thin, slimy, undigested. Vomits every morning. *Ph. ac.*[30]. Better next day.

PODOPHYLLUM.—*August 10th.* Nursing baby (boy) of 7 months. Diarrhœa for 3 days. Stools, yellow, mixed slightly with green, thin; not frequent; smell "sharp;" squirt out, with considerable noise accompanying; contain some mucus. Child very cross. *Podophyllum*[30] in water. Better in 2 days.

PSORINUM.—*February 25th.* Girl of 17 months. Has had diarrhœa since chicken-pox occurred some weeks ago. Stools thin, dark or light colored; bad smelling; worse in the daytime, forenoon. Passages expelled with force. *Psorinum*[5m]. Much better.

ARSENICUM.—*March 7th.* Diarrhœa has become worse again. Stools look like dirty water; smell very bad; six or eight stools daily; expelled with force. Aggravation in the forenoon. *Arsenicum*[200]. Well on third day.

PSORINUM.—*September 4th.* Stools like yellow water; smell like rotten eggs; three or four passages daily. Vomits immediately after eating. *Psorinum*[5m]. Cured.

SULPHUR.—*October 25th.* Boy of 2 years. Diarrhœa for some weeks. Stools now dark green in forenoon; light yellow

at night; undigested; bad smelling; involuntary (?). Has straining with stool, but only at night. Much thirst. Always hungry. Easily tired. *Sulph.*[30] in water.

October 26th. Decidedly better.

VERATRUM ALB.—*August 20th.* Girl of 2 years. Vomits everything she eats. Great thirst for large draughts of water. Stools watery, profuse, slimy. Large drops of cold sweat stand on forehead. Very fretful. *Veratrum alb.* Cured.

DISCUSSION ON CHOLERA INFANTUM, ETC.,

BY THE PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CLARENCE BARTLETT, M.D.

DR. H. N. MARTIN expressed himself as much interested in Dr. Morgan's remarks on the pathology of cholera infantum, for the reason that some years ago he read an article on the pathology and treatment of cholera infantum before the American Institute of Homœopathy. For that article he had been severely reviewed. He at that time took the ground that cholera infantum was a true cholera of infants. Meigs and Pepper say that it is an infantile cholera distinguished by vomiting and purging. Dr. Guernsey takes the same view. In the paper read before the American Institute, he (Dr. Martin) had related a typical case of a baby which had suffered from languor during the day, and during the night was seized with vomiting and purging. The parents, who were inexperienced, slept soundly the whole night. In the morning the child was found emaciated and nearly dead, and died shortly afterwards. He made these remarks because it seemed to him that Dr. Morgan had confused three separate diseases, hydrocephalus, hydrocephaloid, and cholera infantum. We all know the symptoms of hydrocephalus, how the patient is taken sick, the boring of the head in the pillow, the cries, the protrusion of the anterior fontanelle, and finally the unilateral convulsions resulting from exudation. Hydrocephaloid is an entirely different thing. The child has had diarrhœa for a length of time. There may be no vomiting. Subsequently there is an anæmic condition of the brain, depression of the fontanelle, etc. Then the child may have some convulsive action similar to what we have in cholera, stiffening of the limbs, etc. Cholera infantum seems to come on without improper diet; the child being perhaps perfectly well, is suddenly taken with violent vomiting and profuse discharges, which, if not soon relieved, result in death.

It has the suppression of urine and the appearance of the face belonging to true cholera. Then we have diarrhœa from other causes, as improper diet, from taking cold, etc., generally very manageable, generally resulting in a cure, unless there is some underlying scrofulous condition making a cure less practicable. In speaking of the diet, Dr. Martin thought that a mistake was made in the management of these cases. When the child is vomiting, is unable to tolerate any food, and smacks its lips, the mother puts it to the breast, and it is sure to vomit again. Medicine has little effect. The best thing then is to treat the child as we would an adult. Give the least quantity of food possible, and use sometimes a little stimulant and perhaps a little toast water. As far as possible the milk used should be that from *one* cow. If the child is young, add warm water. In cases of marasmus, take a piece of meat, cook it enough to warm it through, then scrape it down carefully, put it in good whiskey, let it remain there until all the blood is extracted, and give that to the child from time to time.

Dr. Morgan, in reply to Dr. Martin, said that he did not confuse hydrocephaloid, hydrocephalus, and cholera infantum.

In giving that description of cholera infantum, he had given it from life, so fresh was the case in his mind. The case was that of a child seven months old, which was taken one Sunday morning with vomiting and purging. Dr. Morgan was sent for Sunday afternoon. There was vomiting and purging, prostration, sunken eyes, and concavity of the anterior fontanelle, without pulsation. Convulsions supervened, then yielded to remedies, and afterwards reappeared. When Dr. Morgan called again the child was lying convulsed, unconscious, with fever, hot head, protruding and pulsating fontanelle, marked inflammatory reaction, disposition to vomit, and all the characteristics were transferred to the brain. Magnesium phos.[30] was then given, lengthening the intervals between the doses as the spasmodic symptoms diminished. Finally the spasms entirely ceased, and the child sank into a natural slumber. It was afterwards fed upon the milk of one cow and did well until the end of the summer, when some of the symptoms returned. Magnesium phos. was again given, but without effect. Then the child was fed on imperial granum and recovered promptly.

Dr. Martin did not think that the case described by Dr. Morgan was a case of cholera infantum.

Dr. B. W. James considered rest a very important factor in the treatment of children. The universal practice of nurses

is to be constantly handling children. Brandy or whiskey would be the last remedy that he would think of giving in a case of infantile cholera. He would much prefer camphor.

Dr. Geo. W. Gardiner related a case which he had seen during the past summer, and which illustrated the rapid fatality of cholera infantum. It was that of a robust child which was brought to his office, having been taken sick about an hour before. When he returned to the office at noon there was a message requesting him to call on the child, which he did. The child died ten minutes after he arrived.

Dr. Dudley believed in the value of rest in these cases. If, after the subsidence of the vomiting and purging, there remained frequent and curdy stools, he would withhold all milk, and instead give the child for a day or two, barley water, the juice of raw oysters, or in fact almost anything but milk. Whenever milk remains undigested, the acid produced, acts as a constant irritant to the stomach and intestines.

Dr. Williamson said that the casein of cow's milk behaved differently from that contained in the mother's milk. That of the cow formed large curds in the stomach. This may be obviated by the addition of lime-water to the milk.

Dr. Mohr had seen beneficial effects follow the use of raw meat, but he took the ground that the alcohol was unnecessary in its preparation. He thought that the raw meat scraped was better than meat that had been even slightly cooked. He did not believe much in the use of one cow's milk. Good milk from the ordinary milkman was much better. Cows are very apt, in dry weather when pastures are dry, to eat weeds which affect their milk. When mixed milk is used, even if one cow is sick, it does not make much difference, because then the poor milk is very much diluted in the good.

Dr. Marter had found the practice of keeping children too warm to be a source of aggravation of the disease. Recently he was called at midnight to a child that had sixteen evacuations within an hour. It was wrapped in four thicknesses of blankets; all the windows with the exception of one were closed. The windows were opened, the wrappings removed, and a little chamomilla was given. The child inside of ten minutes sank into slumber and slept for nine hours.

Dr. Dunning had treated a child that was fast going into a state of collapse, vomiting almost continually. The milk was stopped altogether, and ice-water given in its place. By three o'clock the next morning the vomiting had ceased, the child soon became ravenously hungry, and food was given without

further bad effects. He thought, however, that ice-water causes constipation.

Dr. Betts had always recognized in this disease in hot weather, the tendency to a speedily fatal termination; he had, therefore, been unable to convince himself of the utility of denying food to such patients. The trouble was that milk was not given in a form to prevent the formation of the large curds of which Dr. Williamson spoke. Barley water, gum-arabic water, and, in some cases, starch water will prevent the formation of large curds. Such milk, greatly diluted in severe cases, would nourish the child. Great injury may follow the administration of ice-water to such children. Even ice will sometimes increase the abdominal pain. Rest and fresh air are important adjuncts in the treatment of all cases.

Miscellaneous Contributions.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

PROCEEDINGS OF THE EIGHTEENTH ANNUAL SESSION.

REPORTED BY THE GENERAL EDITOR.

The eighteenth annual session of the Homœopathic Medical Society of Pennsylvania was held in the parlor of the Logan House, Altoona, commencing September 5th, the president, John C. Morgan, M.D., of Philadelphia, in the chair.

In consequence of delay from blockaded railroad trains, many of the members did not arrive until long after the time announced for opening the session. Consequently, it was 2.30 P.M., instead of 10 A.M., when the society was called to order.

The president, in the Annual Address, devoted attention to the condition and prospects of homœopathy, particularly in Pennsylvania. Its relation to the body politic was considered, and measures urged for securing its due legislative recognition in State and general public hospitals, in asylums for the insane, and especially in the army, navy, and marine hospital service.

The address also alluded to the controversies in the homœopathic ranks, and intimated that there is danger lest the illiberal attitude which was formerly charged against one branch of the school, might yet be preferred against the other and opposing branch. The necessity for the calm and dispassionate discussion of all scientific questions was earnestly incul-

cated, and the union and harmony of all engaged in advancing the cause of homœopathy were enjoined. The entire address was characterized by an evident deference to various conflicting views, the views of the speaker being, at the same time, ably and explicitly set forth, and it was evidently appreciated and enjoyed by all present.

A vote of thanks was tendered the president, and the address was referred to a special committee, consisting of Drs. B. W. James, J. C. Burgher, and Hugh Pitcairn.

Dr. M. N. Johnson being the only member of the Board of Censors present, Drs. Burgher and Dinsmore were appointed to act in place of the absent censors.

The corresponding secretary presented his annual report, making allusion to the accumulation of volumes of the *Transactions*, and Drs. Caruthers, Willard, and Walker were made a committee, to consider the subject and report thereon.

The report of the Publication Committee was presented by the corresponding secretary, Dr. Caruthers.

The report on Subscriptions was offered by Dr. Cooper, and the committee was continued.

Dr. L. H. Willard, chairman of the Committee on Legislation, made a report urging a more energetic effort to secure legislative recognition and favorable governmental action for our public and State institutions. The report also favors a State or National examining board as a preliminary to the granting of medical diplomas, and the establishment of a State board of health. It considers the present registration law ineffective and useless.

On motion, the present Committee on Legislation was continued—Dr. Pitcairn, of Harrisburg, to be chairman—with instructions to take the subject-matter of the report into further consideration.

The report of the Historical Committee was presented, including a synoptical paper, by Dr. R. J. McClatchey, of Philadelphia, on the "History of Homœopathy in Philadelphia, from 1820 to 1840," and a "History of Homœopathy," in several of the interior counties, by A. R. Thomas, M.D. The report was referred to the Committee on Publication.

The report of the Bureau of Organization, Registration, and Statistics, was presented by the chairman, Dr. R. E. Caruthers. It included information referring to every homœopathic society and institution in the State. In connection with the report, various communications were received from local organizations. The Philadelphia society urged action to secure

a State homœopathic hospital for the insane. The Crawford County society invited the society to hold its next annual session in Meadville. Other interesting communications were presented in connection with the report.

The Board of Censors recommended the election to membership in the Society, of Drs. W. B. Trites, H. F. Ivins, E. W. Dean, Edward Cranch, W. M. Dufour, and J. E. Russel; also, Dr. H. Bernard, of Mons, Belgium, for corresponding membership. They were elected.

Dr. J. C. Burgher, chairman of the delegation to the American Institute of Homœopathy, reported in brief, and announced that the next meeting was to be held at Niagara Falls, in June, 1883.

This concluded the general opening business of the session, and the reports of the bureaus being now in order,

The Bureau of Ophthalmology and Otology reported through Dr. B. W. James, acting chairman, in the absence of Dr. J. E. Jones, the following papers:

"Testing Refraction and Selecting Spectacles," by W. H. Bigler, M.D., of Philadelphia.

"Rapid Loss of Sight in One Eye," by Joseph E. Jones, M.D., of West Chester.

"The Cystotome in the Removal of Foreign Bodies from the Cornea," by W. H. Bigler, M.D.

"The Mechanical Treatment of Glaucoma," by Horace F. Ivins, M.D., of Philadelphia.

Dr. Bushrod W. James, in opening the discussion on the bureau report, said that he had seen cases of sudden loss of vision, as described in Dr. Jones's paper, due to hæmorrhage in the retina. He mentioned a case of the kind, in which gradual restoration followed. Mere temporary loss of vision from overaction is quite a different matter; it is simply an anæsthesia. Rest must be, of course, insisted on in all such cases. Dr. James then described a modification of Dr. Walker's cyclotome, which had given him quite satisfactory results in a number of cases. He illustrated the operation by a diagram. He always keeps the patient in bed one week after the operation. He considered it much the superior of iridectomy, and believes it will eventually supersede the latter operation.

Dr. L. H. Willard asked if we have any remedies which will cure or relieve glaucoma. Dr. James had seen incipient cases relieved by Eserine. The old school uses it by instillation, but in his opinion it rapidly loses its effect when so administered. Belladonna he generally finds to make the

cases worse. He had also used Aconite, Gelsemium, and other remedies, but without much beneficial effect. Pulsatilla had been used by him, but only when the general symptoms of the patient called for it. He did not use it on the glaucoma indications alone.

Dr. J. C. Morgan cited a case under his observation, in which Pulsatilla had produced marked benefit, the general symptoms calling strongly for that remedy.

Dr. M. J. Buck, of Altoona, did not think it necessary to use the fixation forceps in the removal of foreign bodies from the cornea. He simply uses the pressure of the fingers to separate the lids, the pressure required being also sufficient to fix the globe.

The Bureau of Obstetrics, Dr. M. M. Walker, chairman, presented its report, which embraced the following papers:

"The Post-Partum Use of Medicated Injections," by R. J. McClatchey, M.D., of Philadelphia.

"Chloroform in Labor—Under What Circumstances, and How to be Used," by J. H. Marsden, M.D., of York Sulphur Springs.

"Phlegmasia Alba Dolens," by C. Vanartsdalen, M.D., of Ashburne, Montgomery County.

"Promotion of Labor by Homœopathic Remedies," by H. N. Guernsey, M.D., of Philadelphia.

"Birth-time in each Twenty-four Hours," by M. M. Walker, M.D., of Germantown, Pa.

"Treatment of the Mammæ and Nipples, and the Prevention of Mammary Abscess," by C. T. Canfield, M.D., of Indianapolis, Ind.

Pending the presentation of this report, the society took a recess until 8 P.M.

Evening Session.—The society reconvened at 8.15 P.M., and the Auditing Committee made their report, which was adopted. The remaining papers of the report on "Obstetrics" were then read and accepted.

Dr. Walker asked permission to publish his own paper in the New York *Journal of Obstetrics.* Some discussion ensued respecting the propriety of publishing the society's papers previous to their appearance in the volume of *Transactions,* the general view being unfavorable to such previous publication.

The report on "Obstetrics" being open for discussion,

Dr. Willard said that he always uses Chloroform in cases of labor in which he considered it needful. In three cases he had pushed it to entire insensibility. No untoward results of

any kind had showed themselves. He administered it in full strength. He replied to a question by saying that he might possibly be induced to administer the drug in eclampsia, even when attended with Albuminuria, but he had had no experience of such a character, and would exercise extreme care.

Dr. B. W. James invited attention to the fact that Chloroform produces its fatal effects sometimes long before its use has been pushed to the verge of insensibility. Collapse in such cases may begin either in the heart or in the lungs.

Dr. B. Frank Betts, of Philadelphia, held that there are certain classes of cases in which chloroform may be used with great advantage. He particularly referred to its effects in preventing shock, and cited cases in illustration.

Dr. J. C. Burgher, of Pittsburgh, referred to the different admixtures of chloroform with ether, alcohol, etc. He thinks there is too much uncertainty regarding the chemical results of such admixtures to make them reliable. He never pushes the effects of the drug to complete anæsthesia.

Dr. Hugh Pitcairn, of Harrisburg, related an instance in which he had used a mixture of chloroform three parts, ether two parts, alcohol one part. He had no bad effects and since that time he had administered the same preparation in probability one-third of his cases, with uniform success. He always administers it when asked to do so, and in nervous cases generally. He gives it during the pains only and has kept up the effects for at least six or seven hours.

Dr. D. M. Graham had not been in the habit of using chloroform, preferring a resort to chloral or potassium bromide, or equal parts of the two drugs, given in small doses, and repeated at short intervals until twenty to forty grains are given. He thinks it has a relaxing effect upon the circular fibres of the cervix.

Dr. Maria N. Johnson, during the earlier years of her practice, had resorted entirely to the use of homœopathic remedies, with results satisfactory to herself. Her first experience with chloroform had involved her patient in danger. Her second case had received a mixture of chloroform, ether and alcohol, and with unsatisfactory results. She now uses her homœopathic remedies again and does not purpose to return to the employment of anæsthetics. Her chief remedies are: Belladonna, Gelsemium, Cimicifuga, and Chamomilla.

Dr. Pemberton Dudley, of Philadelphia, said he wished to recall attention to the dangers of anæsthesia in the presence of renal diseases, and to the fact that it is as easy to miss the

detection of Bright's disease as of cardiac degeneration, as all experience proves. Under such a state of affairs he thought it wise and proper to prefer other measures than anæsthesia, other things being equal. He had seen results from what we call homœopathic remedies which could be characterized as simply "magical"—results which he himself could not credit had he not been an eye-witness to their occurrence. Cimicifuga, Caulophyllum, Gelsemium, Belladonna, etc., were recommended, with indications for their selection.

Dr. W. D. Hall, of Altoona, has never yet used chloroform in an obstetrical case. He could fully corroborate the statements of Dr. Graham respecting the excellent effects of chloral, two or three small doses giving comparative relief from pain, but not interfering in any particular with the successful progress of the case.

Dr. Buck was afraid to use chloroform indiscriminately, knowing the dangers attending its employment. He thought the fatality of chloroform was greatly underestimated in America, because our American surgeons seem unwilling to confess their failures and their casualties.

Dr. Hall, responding to a question from the chair, said he used the chloral unmixed with bromide of potassium.

Dr. Dinsmore uses ether alone, as he was situated where he could not readily summon counsel. He does not think the danger from ether very great, though he was willing to admit that there is some danger.

Dr. T. M. Johnson, of Pittston, asked if any complications arose from the use of anæsthetics, to which the reply by Dr. Pitcairn was favorable to their employment.

Dr. Burgher desired, ere the discussion closed, to decry the use of medicated injections to prevent septic consequences in the parturient state.

Dr. Walker cited authorities showing that notwithstanding the vast number of cases in which anæsthetics had been used there had been very, very few cases in which bad consequences had been experienced. He also gave the results of his own experience of a similar character. He referred to Dr. Bonwill's method of rapid breathing as a pain obtunder. Dr. Walker also spoke unfavorably of medicated injections in childbed, basing his observation upon personal experience.

Dr. Maria N. Johnson had employed the "rapid breathing" in her own person and with very agreeable success. Since then she had practiced it in obstetric cases, and had obtained similar effects. Her use of the medicated injection had been limited to one case, in which it had acted unfavorably.

Dr. Vanartsdalen quoted Dr. Wilson as saying that he used anæsthetics, not to relieve pain but to hasten the process of nature.

Dr. Betts said he had only used chloroform in special cases, as for instance in convulsions or other cases in which prompt action is indicated. He administers it very gradually at first, and always begins its use at the onset of pain. As to medicated injections, he had enjoyed experiences with them which he considered valuable.

Dr. J. F. Cooper, of Allegheny, also favored the use of chloroform in special cases, giving it during the contractions only. He found the pain to be reduced, the excitement quieted, and the process going on to satisfactory conclusions in all cases.

President Morgan spoke of various methods of restoration in chloroform narcosis. He cited Nelaton's inversion method, and recommended the application of vinegar to the tongue as a means of exciting respiration. The forcible withdrawal of the tongue must, of course, be resorted to if necessary.

The society then adjourned until 9.30 o'clock on Wednesday morning.

Second Day—Morning Session.—The society came to order at about 10 o'clock, with President Morgan in the chair.

The Bureau of Sanitary Science presented its report, embracing papers entitled:

"The Relation of Modern Civilization to Infantile Mortality," by Pemberton Dudley, M.D., of Philadelphia.

"Sanitation of the Lying-in Chamber," by J. F. Cooper, M.D., of Allegheny City.

Dr. J. F. Cooper, in discussing his paper, recommended the free but careful use of warm or cool water to prevent fissures or ulceration of the nipples. When changes of position cause pain or discomfort, it is a hint to keep the patient quiet. He rather favored ligation of the funis, though, of course, it is not always absolutely necessary.

Dr. B. W. James thought it was not safe to leave the house without first ligating the funis, as a precaution against possible hæmorrhage. He desired to call attention to the imperfection of the records on which Dr. Dudley's statistical paper is based. He agreed with Dr. Dudley that our modern civilization, as such, is not responsible for the increase of infantile mortality, but rather deliberate violations of the teachings of modern science. He cited the health of certain of the

barbarous nations to enforce his point, and spoke in severe terms of the neglect of plain sanitary laws at our popular health resorts. He was not ready to accept Dr. Dudley's view that drunkenness is the cause of our high infantile death-rate, but he was very sure that the overcrowding of population in improperly constructed buildings is largely responsible for it. The business of building and leasing such structures ought to be controlled by law, and the whole miserable tenement-house system should be vigorously suppressed.

Dr. Dudley said, in reply to Dr. James, that his own position had evidently been misunderstood. He did not charge our high infantile death-rate, nor even any considerable proportion of it, *directly* to drunkenness. What he did wish to assert is, that the prevalent use of beer and other alcoholic liquors, by the sober citizen as well as by the inebriate, constantly drains out the wealth of the whole community, prevents the drinker from paying his debts promptly and completely, and thus impoverishes the abstaining as well as the drinking portion of the community, and forces even the strictly temperate, industrious, and frugal citizen into narrower streets, into fewer and smaller rooms, compels him to provide cheaper and less adequate food for his children, necessitates a lower grade of education, and last, but by no means least, drives him and his family into the immediate presence of lower grades of morality, and familiarizes them with idleness and uncleanliness and foul surroundings and vice in all its forms. It is from *these*, that we find springing those physical and mental and moral conditions which undermine the general health of the people, and which render their children so easy a prey to disease.

Dr. Willard, in answer to a question of the Chair, said that syphilis runs a course among sailors precisely similar to that among landsmen, and whatever differences might exist were due to the fact that the infected sailor could not get away from the careful treatment of his physician. He agreed with President Morgan that the *tertiary* symptoms of the disease are less likely to declare themselves in the sailor than in other people. As to our health resorts, he did not see how it was possible to maintain the continuous health of resorts located on low reefs. The high bluffs of the New England coast are far better than the low shores of New Jersey.

Dr. B. F. Betts said we may be deceived as to the direction of the underground current, which at Atlantic City is landward instead of seaward.

Dr. Dudley called attention to the fact that the accumu-

lation of refuse matter at seaside resorts is limited in its duration, all being destroyed completely by decomposition in a few months, or at longest, a few years.

Dr. D. M. Graham thought that heredity had much to do with infant mortality, particularly caused by the low grade of health in the mother. He referred also to Dr. Cooper's paper, and joined him in urging the judicious use of the bandage as a hygienic measure. He had used a hot water application to the cardiac region to restore patients from syncope.

Dr. Dudley described a bandage for the lying-in patient, adapted nicely to the form, and exerting, he thought, a more beneficial influence than the miserable straight piece of toweling or muslin in common use.

Dr. James described the sanitary management of Atlantic City, Asbury Park, and other places, and compared their merits. He replied to the Chair relative to the utilization of seaside sewage, and described the method employed in certain European cities. On the subject of lying-in management, Dr. James believed in a good nourishing diet.

Dr. M. N. Johnson described a bandage which she uses in her practice, which simply supports only the lowest portions of the abdomen, and at the same time avoids pressure across the abdominal region. She always uses it in indicated cases. As to hæmorrhages, she urged the homœopathic remedy as the most valuable resource. She uses hot water on the abdomen and on the hands to restore syncope, and administers egg-nog, even in large quantities, in the excessive prostration succeeding some labors. She then mentioned several homœopathic remedies available in threatened and actual hæmorrhage.

Dr. Cooper said that when the milk secretion is scanty, repeated and energetic suction by the child will sometimes induce chafing and cracking of the nipples, or even mastitis, and should be carefully guarded.

Dr. W. D. Hall urged a dependence on the selected remedy in the treatment or prevention of hæmorrhage, being confirmed in his opinion by the unvarying result of his entire experience.

The Committee on the President's Address reported through Dr. Burgher, making certain recommendations, which were adopted by the society.

Dr. Francis W. Boyer, of Pottsville, was recommended by the Board of Censors, and elected to membership.

Afternoon Session.—The Society reconvened at 2.30 P.M.

The Bureau of Surgery presented its report through Dr. L.

H. Willard, of Allegheny City. The report embraced the following papers:

"Artificial Urethra," by M. J. Buck, M.D., of Altoona.

"Treatment of Anthrax," by Joseph E. Jones, M.D., of West Chester.

"Cases Treated in the Pittsburgh Hospital," by W. R. Childs, M.D., of Pittsburgh.

"Nerve Stretching," by L. H. Willard, M.D., of Allegheny City.

"Penetrating Wound of the Bladder," by L. H. Willard, M.D.

Discussion being in order,

Dr. Buck mentioned a case of urethral fistula healed by the use of the bougie. Also a case of inferior dental neuralgia in which the symptoms indicated China, which rapidly and permanently cured the case. A case of Sciatica of six years' standing had yielded to the influence of Silicia in an equally surprising manner.

Dr. J. F. Cooper said that in the case of resection of the supraorbital nerve reported by Dr. Willard, homœopathic remedies had been carefully tried without avail.

Dr. Hugh Pitcairn reported a case of right supraorbital neuralgia of an intermittent character of long standing, which Pulsatilla, in a high potency, cured promptly and permanently.

Drs. Buck and Morgan suggested that where supraorbital neuralgia is due to a periostitis of the edge of the foramen, the excision of a portion of the bony structure might effect a permanent cure.

Dr. Dinsmore, of Sharpsburg, described a case of supraorbital neuralgia where the patient had received a blow over the supraorbital notch or foramen, leaving a cicatrix. As the man was intoxicated, he could get no symptom but pain. He gave Spig. 3d, and in three years there had been no return, relief having followed its use promptly.

Dr. J. W. Allen, of Altoona, had not yet failed to obtain good results in cases of sciatic neuralgia, from the indicated homœopathic remedy. A tubercular diathesis, he thinks, is often the cause of these neuralgias, and should be taken into account in selecting the remedy.

Dr. John K. Lee, of Johnstown, gave some favorable results from Ant. tart. in sciatica.

Dr. Hugh Pitcairn described a case in which, after all treatment had failed, the electric current promptly relieved temporarily.

Dr. Caruthers described a somewhat similar neuralgic affection in the crural nerve. Subsequently a post-mortem revealed a reddened and slightly enlarged condition of the nerve.

The question was here raised, whether this discussion was in order.

Dr. Willard said he considered it perfectly in order, even from a surgical standpoint, because it helps us to decide how far surgical interference is necessary in neuralgias, traumatic and idiopathic.

Dr. Walker has always treated his cases homœopathically. He cited an interesting case cured by Kali bi. Dr. Dinsmore mentioned a case cured by the same remedy.

The Board of Censors recommended C. H. Hoffman, M.D., of Pittsburgh, and C. H. Evans, M.D., of Tyrone, for membership, and they were elected.

The report of the Bureau of Pædology was presented by Dr. J. W. Allen, of Altoona, including the following papers:

"Intertrigo," by W. Jefferson Guernsey, M.D., of Frankford.

"Cholera Infantum," by the Lehigh Valley Homœopathic Medical Society.

"Clinical Cases," by T. M. Strong, M.D., of Allegheny City.

"Brain Trouble in Infants—Magnesia Phos.," by John C. Morgan, M.D., of Philadelphia.

Dr. W. J. Martin named as additional remedies, Laurocerasus, Podophyllum, Gummi gutti, and others. He directed attention, also, to some of the artificial foods in the market, particularly Mellin's and Nestle's foods.

Dr. Walker described a case of cholera infantum in which Podophyllum was indicated. Warm baths at a temperature of 100° repeated three times a day brought temporary relief. Afterwards Calcarea phos. seemed to be called for and its use gave excellent results. The food which seemed to serve the best purpose was Canfield's condensed milk. He mentioned various artificial foods and spoke briefly of their merits in different cases. In the Brooklyn Maternity, as he had been informed, Graham flour boiled in water three or four hours and diluted with milk is used to a great extent and gives satisfaction.

Dr. Cooper complained that the condensed milk he used at Dr. Guernsey's suggestion had such a metallic taste that he felt constrained to discontinue it.

Dr. Dinsmore had obtained favorable effects from Canfield's milk after the Anglo-Swiss food had disagreed.

Dr. Betts was sorry that he could not indorse the regular use of any of the condensed milks. He had obtained the best results from good fresh cow's milk, which he thought it possible to secure at almost any time.

Dr. Dudley urged the physiological necessity for variation of diet in all cases in which artificial feeding is resorted to.

Dr. Cooper said about twenty per cent. of the babies of our cities will thrive on condensed milk after a certain age. When the caseous portion of the milk passes undigested, milk should be withheld altogether. It occasionally is beneficial to allow a child suffering with diarrhœa to suck a piece of bacon. Good results have followed this simple procedure.

Dr. J. K. Lee, of Johnstown, has had satisfactory effects from condensed milk. He mentioned a case in which the milk of a young cow had been affected by the "rag-weed" in the pasture, and had sickened a child fed upon the milk.

The discussion was further continued by several members, and the report of the Bureau was then closed.

Adjourned till 8 o'clock this evening.

Evening Session.—The Bureau of Clinical Medicine presented the following papers:

"Diphtheritic Croup," by the Allegheny County Medical Society.

"Cure of Membranous Croup," by W. J. Martin, M.D.

"Small-pox and Vaccination," by J. H. Marsden, M.D., of York Sulphur Springs.

"Aconite in Backache," by W. J. Martin, M.D., of Pittsburgh.

"Diphtheria—thirty-eight Successive Cases," by E. C. Parsons, M.D., of Meadville.

"Constipation," by H. N. Martin, M.D.

"Some Reflections on Diseases which Occur but Once in the Same Individual," by J. C. Burgher, M.D., of Pittsburgh.

"Chorea," by the Philadelphia County Medical Society.

"Diphtheritic Croup," by J. S. Boyd, M.D., of New Sheffield.

"Cases of Peritonitis from Obscure Causes," by A. R. Thomas, M.D., of Philadelphia.

"A Case of Intermittent Fever," by J. C. Morgan, M.D.

"Rheumatic Meningitis," by C. F. Bingaman, M.D., of Pittsburgh.

On motion, the discussion was limited to diphtheritic and membranous croup.

Dr. Dinsmore, of Sharpsburg, had had three cases of diphtheritic croup in the last two years. One recovered under Kali bichr. and fumigations. The second underwent tracheotomy, but died. The third case was also fatal.

Dr. J. W. Martin said that the Bromine was the third dilution, and was an alcoholic preparation.

Dr. Graham had had one case of diphtheritic, and one of membranous croup during the last twelve months. The usual remedies were used at the outset of the first-mentioned case, and when the trachea was invaded Kali bichr. 2x, was given, and recovery followed. The other case was almost *in articulo mortis* when first seen; Kali bichr. did no good; bromium also; tracheotomy was performed, and the child got well. Chloroform was used during the operation.

Dr. H. J. Evans, of Tyrone, cited a case in which Spongia was apparently indicated, but, other remedies failing, Bromine was given by inhalation, the drug being vaporized under a tent constructed over the child's crib. Cured.

Dr. Pitcairn reported three cases, with one recovery.

Dr. Buck mentioned a case on which he had operated for an allopathic physician in the country, using the "low" operation. The case recovered. Another case on which he operated died before the operation was completed. He had also had four cases of tracheotomy in diphtheritic croup, of which all died, the cause of death being suffocation. Chloroform was administered in all the cases and appeared to act remarkably well.

Dr. Dudley had one case of membranous croup, on which tracheotomy was performed without avail. The patient died some five or six hours after the operation, suddenly, from suffocation. He also mentioned a post-mortem he had made on a case in which the only discoverable cause of death was a fibrinous heart-clot.

The Bureau report was then closed, after which the society adjourned till 9 o'clock on Thursday morning.

Third Day—Morning Session.—The society assembled at 9.30 o'clock. President Morgan occupied the chair, and, in opening the meeting, suggested that there should be some organization of the lady friends of the members with a view to encouraging their attendance at the meeting and securing their enjoyment during the sessions.

The Bureau of Gynæcology reported through Dr. B. F. Betts, chairman of the Bureau, the following papers:

"Observations in the Woman's Hospital of New York," by John C. Morgan, M.D.

"Mammary Carcinoma," by J. C. Burgher, M.D.

"An Interesting Case of Aphonia," by J. H. Marsden, M.D., of York Sulphur Springs.

"Clinical Observations in Gynæcology," by B. F. Betts, M.D.

"Gynæcological Appliances," by J. C. Morgan, M.D.

The further consideration of the Bureau report was then deferred for the present.

Pending the presentation of the report, Dr. Hugh Pitcairn announced that the Pennsylvania and Bell's Gap railroad companies had tendered the society a complimentary excursion to Bell's Gap. On motion, a vote of thanks was tendered the companies for the courtesy, and the invitation was accepted.

The Bureau of Pathology and Pathological Anatomy offered the following essays:

"Meningeal Myelitis," by W. K. Ingersoll, M.D., of Philadelphia.

"Fibro-rabdo Myoma of the Kidney," by C. M. Thomas, M.D., of Philadelphia.

"Cystic Sarcoma of the Cerebellum," by C. E. Toothaker, M.D., of Philadelphia.

"Duodenal Diseases," by C. R. Norton, M.D., of Philadelphia.

"Minute Changes in Subacute and Chronic Parenchymatous Nephritis," with micro-photographic illustrations, by W. C. Goodno, M.D., of Philadelphia.

The report was accepted and referred to the Committee of Publication as usual.

The suggestion of the Philadelphia County Society that steps be taken to secure homœopathic representation in some one of the State Hospitals for the Insane was referred for action to the Committee on Legislation.

A vote of thanks was tendered to the Altoona *Tribune*, and to Dr. Hugh Pitcairn, as its representative, for the publication of the reports of the society's proceedings.

The annual election of officers of the society to serve for the year 1883 was then held. (See page 615.)

Philadelphia was selected as the next place of meeting; the time to be during the latter half of September, 1883, and the Philadelphia County Homœopathic Medical Society was constituted a local committee of arrangements.

The President announced the Bureaus and Committees for the ensuing year (see page 615), after which the report of the Bureau of Gynæcology was called up and the report accepted and referred.

A vote of thanks was tendered to the retiring officers; also, to the proprietor of the Logan House, for special courtesies and accommodations.

Some other general business was transacted, after which the society adjourned.

During the afternoon the members participated in the excursion to Bell's Gap, so kindly tendered, and heartily enjoyed the occasion. In the evening, most of them left for their homes.

The following are the Officers, Committees, and Bureaus for the ensuing year:

President.—Pemberton Dudley, M.D., of Philadelphia.

First Vice-President.—Hugh Pitcairn, M.D., of Harrisburg.

Second Vice-President.—C. F. Bingaman, M.D., of Pittsburgh.

Recording Secretary.—T. M. Strong, M.D., of Allegheny City.

Corresponding Secretary.—R. E. Caruthers, M.D., of Allegheny City.

Treasurer.—J. F. Cooper, M.D., of Allegheny City.

Necrologist.—W. R. Childs, M.D., of Pittsburgh.

Censors.—E. C. Parsons, M.D., of Meadville; D. M. Graham, M.D., of Altoona; Maria N. Johnson, M.D., of Philadelphia.

Committee on Subscriptions.—J. F. Cooper, M.D.

Committee on Legislation.—Drs. H. Pitcairn, L. H. Willard, J. K. Lee, of Philadelphia; J. H. McClelland.

Committee of Publication.—Drs. T. M. Strong, J. F. Cooper, R. E. Caruthers.

Delegates to the American Institute of Homœopathy.—Drs. M. M. Walker, Chairman, C. Vanartsdalen, P. Dudley, J. C. Burgher, J. F. Cooper, D. M. Graham.

Bureaus.

Organization, Registration and Statistics.—Drs. R. E. Caruthers, Chairman, J. L. Ferson, T. M. Strong, F. R. Schmucker, C. Mohr.

Ophthalmology and Otology.—Drs. W. H. Bigler, Chairman, C. Bartlett, H. F. Ivins, W. H. Winslow, Joseph E. Jones.

Obstetrics.—Drs. Maria N. Johnson, Chairman, R. E. Caruthers, W. J. Martin, Millie J. Chapman, S. W. Dinsmore, Anna M. Hawley, M. J. Buck, C. H. Hofmann.

Sanitary Science.—Drs. J. F. Cooper, Chairman, S. C. Scott, T. M. Johnson, J. K. Lee, of Philadelphia, Z. T. Miller, Pemberton Dudley.

Surgery.—Drs. L. H. Willard, Chairman, J. H. McClelland, W. R. Childs, C. M. Thomas, J. E. James, M. J. Buck, J. A. Bullard.

Pædology.—Drs. M. M. Walker, Chairman, T. M. Strong, J. R. Humes, W. B. Van Lennep, C. Vanartsdalen, D. F. Shannon, J. K. Lee, of Johnstown, E. S. Sharpless.

Materia Medica.—Drs. Hugh Pitcairn, Chairman, E. A. Farrington, C. Mohr, I. G. Smedley, W. B. Van Lennep, I. Lefevre, W. R. Childs, D. Cowley.

Gynæcology.—Drs. J. H. Marsden, Chairman, J. C. Morgan, B. F. Betts, J. C. Burgher, J. H. Marsden.

Pathology and Pathological Anatomy.—Drs. A. R. Thomas, Chairman, W. C. Goodno, W. K. Ingersoll, J. B. McClelland, J. W. Detwiler, J. A. Bullard.

Clinical Medicine.—Drs. W. J. Martin, Chairman, A. Lippe, C. F. Bingaman, E. C. Parsons, C. C. Rinehart, A. P. Bowie, J. K. Lee, of Johnstown, H. J. Evans.

THE LYCOPODIUM FALLACY AGAIN.

[SHORTLY after the appearance of Dr. Gregg's article entitled "Microscopic Fallacies *versus* the Lycopodium Fallacy," as published in the September number, we received a lengthy letter from Dr. Winslow, a portion of which had reference to the subject under discussion by Dr. Gregg and himself. We take the liberty of publishing the following extract from the letter.—EDS.]

. . . . "Dr. Gregg need have no fear that I will make a personal matter of any impersonal criticism of my writings. I trust I have studied long enough to know that infallibility is not of man, and to learn that modesty is an attribute of scholarship. The doctor's article upon 'Microscopic Fallacies *versus* the Lycopodium Fallacy' is not personal, and, I am sorry to say, *not pertinent* to the subject of my investigation. My inquiry was directed to the physical and pharmaceutical properties of Lycopodium; the doctor's to the therapeutical. I studied the qualities of the medicinal agent, the Doctor its influence upon diseases. He must pardon me if I pronounce his attempted criticism impotent.

"Ever since I had the hardihood to edit the HAHNEMANN-

IAN MONTHLY, and to permit a full and free discussion of the potency question, some of the advocates of high potencies have assumed that I used drugs in a crude state, and in large doses. In the selection of medicine and dose, every one should follow the dictates of his own judgment, as I always do, but I have too much respect for the opinions of Farrington, Dake, Allen, and others, not to place great value upon the so-called potencies. I have used them all the way from the first to the thirtieth. . . . . Though science and experience lead me to use potencies below the twelfth, I have occasionally smiled over the apparent curative effects of a thirtieth. It might be that should I use this and higher potencies constantly, I would smile oftener; yet I could not administer a high potency with the same confidence and assurance that I could a low, tried preparation, and thus one of the functions of the physician would be negative. I am confident and hopeful with a third or sixth potency, and have so fair a degree of success that I do not often need to experiment. When these fail, however, I think it rational to try higher potencies." . . . .

Yours truly,

W. H. WINSLOW.

PROSOPALGIA FROM ENTANGLEMENT OF NERVE FILAMENT.

BY E. B. NASH, M.D., CORTLAND, N. Y.

I WAS very much interested in the case reported by Dr. Laird, in the September number of the HAHNEMANNIAN. In fact, I am generally interested in his cases, as he takes great pains to give the *symptomatology* of each, and generally shows skill in selecting the homœopathic remedy. I am always anxious to learn, and find that I can do so still, although twenty years in the practice of medicine.

In regard to this particular case, I would like to ask: 1st. Is that entangled nerve filament disentangled yet? 2d. Is it quite certain that it *was* entangled? 3d. Would the following be the keynote to Hypericum, viz., Prosopalgia from entanglement of a nerve filament, when the *symptoms* do not indicate Hypericum? 4th. Would the doctor have us learn from this case that the "most carefully-regulated hygiene and symptomatically-indicated remedy" must generally rank second to his, "pathological basis?" More light!

REPLY TO DR. NASH.

BY F. F. LAIRD, M.D., UTICA, N. Y.

The above gentlemanly and pertinent queries of the doctor I will endeavor to answer *seriatim*, and as briefly as possible.

First. "Is it quite certain that the nerve filament *was* entangled?" My reasons for such a belief are:

I. The fact of the injury being so quickly followed by the neuralgia, shows that the one was the effect of the other.

II. That the pain commenced *not as soon as the injury was received*, but at a date corresponding with *beginning cicatricial contraction.*

III. That if the nerve had *not* been pinched in the cicatrix, the neuralgia would have ceased as soon as the wounded peripheral extremity healed.

If the doctor can give as positive proof *against* the correctness of my diagnosis, I will "stand corrected."

Secondly. "Is that nerve filament disentangled yet?" No, sir, "not by a large majority!" How, then, can the fact that Hypericum cured be explained? Hilton (*Rest and Pain*) has formulated the general fact that "the nerves supplying the muscles of a part also supply the skin over those muscles." It is also well established that reflex action plays no secondary *rôle* in the production of pain. Now for the application. The nerves principally involved in my case were the trigeminus and facial; the one the sensory, the other the motor nerve of the face, the two being intimately connected. An irritation commences at the cicatrix, is transmitted through the trigeminus to its nervous centre, and a reflex motor stimulus is sent back through the facial to the muscles supplied by this nerve. Muscular contraction ensues, *compressing those nerve filaments whose peripheral extremities are distributed to the skin over the muscles.* The thinner the overlying skin, and the more closely it is united to its subjacent muscles (*vide Anatomy of Lips*), the more severe will be the pressure upon its fibre and nerve filaments. Again, the local excitation of the unstriped muscular fibres in the integument results in *their* contraction, and unstriated muscular fibres are *thickest where the skin is most richly supplied with hair.* Hence, in my case, we not only have compression of the filamentous nerve-trunks, causing pain, *referable to their peripheral extremities*, but also *direct pressure upon the cicatrix.*

Now it is a self-evident fact that the severe pain resulting from injuries is principally due to *reflexes* arising from a primary irritation. Extend a knee-joint sharply flexed by synovitis, and you almost abolish the pain. How? By subduing reflex action. A foreign body enters the tissues and causes acute suffering. Give those tissues rest, overcome reflex action, give nature time to repair damages, and, even though the

substance is not removed, the patient knows no inconvenience. By "physiological rest" nature has, in the interim, protected herself against future irritation from its presence. The great efficacy of Hypericum in mere injury, I conceive, lies *chiefly* in its power of reducing these reflexes to the minimum and, by physiological rest, allowing nature to fortify herself against the original irritation. This once accomplished, the cure is complete.

Thirdly. "Would prosopalgia from entanglement of a nerve filament" be my keynote for the remedy when the symptoms do not indicate Hypericum? In true Yankee fashion, I reply by asking another question: In a case of disease of the sacro-coccygeal joint, originating months ago in a severe fall upon the buttocks, and yet exhibiting no *present* symptoms calling for a particular remedy, what would the doctor give, prithee? I think he would fall back on that well-attested and etiological (twin sister of *pathological*) fact that "Arnica is especially serviceable in troubles directly traceable to mechanical injuries, no matter how long ago the injury may have been received;" and I should still further say that he, like myself, made a good homœopathic prescription, and would also cure his patient. Well did Father Hering express the fact when he wrote, "Hypericum is the Arnica of the nervous system"—a generalization in pathology amply sustained by clinical experience. Arnica in remote effects of mechanical injuries, Calendula in lacerated wounds, Staphisagria for pains following a clean cut, Ledum for punctured wounds, Ruta in affections of the periosteum, all are frequently prescribed on a "pathological basis," yet these prescriptions are none the less homœopathic, since by strictly following the "totality of the symptoms" the broad clinical fact was first established that, in absence of well-marked indications for other remedies, these drugs generally cured. Hence my indication for Hypericum would read: "Prosopalgia, where the symptoms are directly traceable to injury of the nerves;" and, in brackets I would add: "sometimes cures when the symptomatically-indicated remedy fails."

Fourthly. Would I convey the idea that the most carefully regulated hygiene and symptomatically-indicated remedy would generally rank second to the "pathological basis?" No, doctor; most assuredly, *No!* There is no firmer believer in the truths of homœopathy than the writer; neither is there one who strives harder to strictly follow its law and faithfully apply its teachings. Moreover, I am confident that *if* our provings were complete, we should find every well-verified path-

ological and clinical indication in our therapeutics to be only another convincing proof of "similia similibus curantur." But so long as our provings are incomplete, so long must we make use of clinical symptoms, and if a clinical symptom be a pathological fact let us call it by its plain English name, and be thankful that true Pathology and Pure Homœopathy are ever the warmest of friends.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held on Thursday evening, September 14th, 1882, at the Hahnemann Medical College, the President, Dr. W. B. Trites, in the Chair. Fifty-three physicians were present.

The minutes of the preceding meeting were read and approved, and the Censors reported favorably on the applications for membership by Drs. J. B. S. Egee and C. L. Seip, and they were elected.

Dr. John K. Lee, chairman of the Committee on the Introduction of Homœopathy into Blockley Almshouse, reported that, owing to the disturbed state of affairs in the Almshouse, and the vacancies in the Board of Guardians, no special effort had been made since the committee last reported. Report accepted. The President and Dr. B. W. James suggested that the committee endeavor to have some of the vacancies in the Board of Guardians filled by gentlemen favorable to homœopathy.

Dr. E. M. Gramm, chairman of the Committee on Night Medical Service, reported that the service in New York had proved successful thus far, about thirty cases per month being treated, the cases being convulsions, labor, croup, pleurisy, hæmorrhages, etc. The service is regulated by law, the act being similar to that which is in operation in Paris, where the service originated, and is entitled "An act to organize a night medical service in the city of New York, and to provide medical assistance in cases of sudden sickness or accident during the nighttime." The physician who may be summoned to attend any case gets a fee of three dollars guaranteed by the city authorities. The service so commends itself to the committee that an effort will be made to introduce the same in Philadelphia. Report accepted.

Dr. M. S. Williamson, chairman of the Committee on subscription to aid in liquidating the debt of the State Society, reported progress, $92 having thus far been received and forwarded to the Treasurer, Dr. J. F. Cooper, of Allegheny City

Dr. C. Mohr, chairman of the Standing Committee on Organization, etc., reported that he had communicated the resolution on Medical Inspection of Schools to Mr. Edward T. Steel, President of the Board of Public Education, but up to the present time had not received any word from that official as to the disposition of the resolution. Report accepted.

Dr. John E. James, delegate to the American Institute of Homœopathy, reported that the session was well attended, and that the discussions were interesting, especially those referring to vaccination and pharmacology, a report of which would appear in the *Transactions* of the Institute, and would be found worthy the consideration of every homœopathic physician.

Dr. C. Mohr, delegate to the State Society, reported that the meeting proved successful, the papers presented being of interest, and eliciting practical, if not brilliant, discussion. The resolution respecting the securing control of one of the insane asylums of the State by the homœopathic school was duly presented, and referred to the Legislative Committee for action. By invitation of the Philadelphia physicians present at the meeting, the society agreed to meet in this city in September, 1883, and the County Society was appointed to act with the executive committee in making necessary arrangements.

Dr. C. M. Thomas, chairman of the Bureau of Surgery, announced that a report would be made in October, but the subject for discussion could not yet be given.

The secretary reported that the action taken by the society at its last meeting on the sewerage question, was duly communicated to City Councils, and that he had been informed by Mr. Dallas Sanders of the Survey Committee that an ordinance had been passed requiring "all sewers, hereafter to be built, and of which the area required shall be less than that of a circular sewer of four feet diameter, shall be of the section known as oval or egg-shaped," and that the ordinance was approved by the Mayor, June 21st, 1882.

Dr. Geo. I. McLeod presented his resignation as a member of the society, and it was accepted.

Drs. W. R. King, J. W. Thatcher, and L. B. Griffith applied for membership. Referred under the rules.

The Bureau of Pædology then presented a report through Dr. John K. Lee, chairman, submitting papers on cholera

infantum by members of the Bureau. Dr. J. C. Morgan wrote on the pathology, Dr. J. K. Lee on aliment and hygiene, Dr. H. N. Guernsey on therapeutics, and Dr. C. R. Norton presented clinical cases. The report was accepted, and then briefly discussed by Drs. Martin, Morgan, B. W. James, Gardiner, Dudley, Williamson, Mohr, Marter, Dunning, and Betts.

At the close of the discussion, Dr. Eliza H. Lang was appointed chairman of the Bureau of Pædology for the ensuing year. Adjourned.

NOTE ON SCIATICA.

BY P. J. M'COLET, M.D., NEW YORK CITY.

In the article on sciatica, by Dr. Norton, and its discussion by the society, contained in the HAHNEMANNIAN MONTHLY for April, I regret to find no mention of a remedy which has served me in *every instance* during the past ten years—*Gnaphalium pol.*[2x]. I first gave it in a very severe case of long standing, where Phos. was indicated but failed, a dose every two hours; and the result was so satisfactory in that and all subsequent cases, that neither drug, dose, nor interval were changed, while I continued in general practice. It has been employed by myself and others, to whom the hint and the drug were given, where Rhus, Colocynthus, Arsenicum, and Bryonia were indicated; and in each instance improvement was rapid, and frequently complete. But I have yet to meet this neurosis, as such, in company with Morbus Brightii; and after considerable acquaintance with both, must doubt the companionship. If the word "specific" were not a misnomer, I should apply it to Gnaphalium in connection with sciatica. I was disappointed in finding that this drug would not relieve neuralgia of the crural nerve; and, indeed, the only one I ever found to do so in a marked degree is *Xanthoxylum pax.*

THE SYRINGE *versus* THE SWAB.—Dr. S. Pollak (*St. Louis Courier of Medicine*) insists upon the use of the syringe in purulent otorrhœa. The mere swabbing out of the meatus and cavities may absorb pus, but it cannot and does not cleanse. This can only be effected by frequent syringing with a large amount of fluid and a forcible stream, which will wash out the microbia and enfeeble the vitality of the micrococci which remain.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

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Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., October, 1882. No. 10.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE CONFLICT.—The steady growth of homœopathy early attracted the attention of opposing schools of medicine, and various have been the devices employed to stay its progress. At first, Hahnemann and his followers were ostracized and threatened with the penalties of the civil laws. Then, their method of practice was treated with derision and the laity re-echoed the slurs until many of them became a part of popular jokery.

These methods of attack failing in their purpose, new plans were adopted. "For a long time," writes Professor Smythe, "homœopathy was assailed with ridicule by the regular medical profession; yet it has continued to thrive upon it. However, the illusion, for such it is, is entitled to more serious consideration; its fallacies ought to be met and discussed according to the ordinary rules applied to scientific investigation."—(*Medical Heresies*, p. 97.) "Prior to the time of Hahnemann the terms, allopath, homœopath, and antipath, were not in common use among physicians. It is strong proof of Hahnemann's celebrity that he has succeeded in fastening these names upon the schools, and physicians are now known

throughout the civilized world by the names of allopaths and homœopaths."—(*Ibid.*, pp. 131–132).

Professor Smythe was followed by Dr. Palmer. The latter, claiming that to know Hahnemann's doctrines is to reject them, presented his notion of them to the public in the columns of the *North American Review*.

Meanwhile, we may mention two facts, which exhibit the practical side of the war of schools. First. The allopathic soldiery indulge in persistent pilfering. They seize upon homœopathic therapeutics, and press it into service, thinking that a change of dress will disguise its origin. Secondly. Homœopathy, everywhere successful in the warfare against disease, receives daily accessions to its ranks, both from its patrons and from the camp of the enemy, while desertions are too rare to require mention.

These facts give us the clue to the cause of the long and bitter crusade against the homœopathic school: Its success imperils the reputation of its rival. So, it is ridiculed, its votaries are denied the rights of other citizens, and finally the keen-edged sword of logic is wielded against it to its destruction. But what avails ridicule? As Professor Smythe admits, Homœopathy thrives upon abuse. And why not? The innocent man, who is conscious of the justness of his cause, does not fear slander. And besides, it is human nature to resist to the death when one's rights are assailed, and one's freedom abridged.

But the latest phase of allopathic warfare is so insidious, that we must look well to our armor if we would hope for successful resistance. We have withstood derision, persecution, spoliation; but are we prepared to withstand the more subtle weapons of allopathic *diplomacy?* Now it tempts with overtures of peace; again it entices with promises of succor. If, for a moment, the mask is dropped and we see our noble truths endangered, we recoil in alarm. But so soon as it is resumed, we forget our peril and are led on by its inviting allurements. One is deceived by the diplomatic admission of the truth of the law of cure, provided only Hahnemann's theories are rejected; another is beguiled by the attempt to prove that the law of similars has only a partial application, and hence eclecticism and experience must guide the broad-minded physician. In such ways as these are the weak and unwary so tempted that, though hitherto, as already declared, desertions from our ranks are very few, we must needs be on our guard for the events of the near future.

To counteract the baneful influences of this diplomacy, we need but inquire into its true character, and we shall see that this is black and murderous. It would rob us of our individuality, despoil us of our precious laurels, steal our therapeutic weapons, and then cast us into oblivion. Its premises are frequently false and, therefore, its conclusions are false. We may have occasion to refer to some of these fallacies, but, at present, we desire to call attention to a glaring error, the exposure of which seriously damages the entire diplomatic platform. We refer to the charges preferred against homœopathic physicians that they are *exclusive!*

This charge is either made in ignorance of the true import of exclusivism, or it is made in direct opposition to the plainest principles of honesty and immorality. If ignorance underlies its application, we forbear further criticism. But if, as we are inclined to believe, the term is employed simply to convey the impression that we reject some things which we know to be true, we indignantly resent the baseless and wilful calumny. If men are honest, they must, in one sense, be exclusive. They must repudiate what they hold to be false or evil. If scientific men candidly accept a certain theory as true, they cannot be honest, unless they reject whatever they know to disagree with that accepted theory. If physicians, becoming convinced of the truth, and of the superior efficacy of the law of similars, use that law exclusively as a therapeutic guide, they are simply acting out their convictions and, in that particular, are in no sense responsible for being exclusive.

If it were possible to prove that the law of cure is untrue, even then the accusation of our opponents would be false; or it would imply that homœopathists are charlatans and hypocrites. For since simple honesty requires that one act according to his convictions, and since a true homœopathic physician excludes no branch of a medical education except that which he believes fallacious, the charge of exclusivism, in the offensive sense in which it is preferred by an opposing medical sect, cannot be sustained, simply because the exclusivism of homœopathy applies only to what is believed to be either totally false or else miserably inefficient, these qualities being first determined by careful scientific investigation and experiment.

We only wish that the exclusivism of the allopathic school could defend itself in the same manner, but alas! *that* school has excluded, by its code, a principle now known to be universal in its application, *i. e.*, universal in the same sense as

any other principle of nature is universal, and *has excluded it without a knowledge of its truth or falsity.* And the allopathic school has also excluded, by her code, *any other general principle of cure which may hereafter be discovered.* Did any champion of homœopathy ever yet rise to such ineffable sublimity of exclusivism as that?

Let us fully understand this attitude of our opponent. She denounces physicians "whose practice is based upon an exclusive dogma" (see her code of ethics), and this without expressing any regard as to the truth or falsity of the "dogma." If, now, some "Medical Newton" should arise among allopaths, and demonstrate to them some principle by which they could always decide upon the best line of treatment for each case of disease, not one of these allopaths would dare to employ that principle, because their code expressly forbids it. If homœopathy is "exclusive," what shall we say of this?

Thus the allopathic school, while professing—and honestly professing,—to hope for the speedy establishment of medical art upon a scientific basis, actually forbids its members to select remedies upon any scientific, *i. e.*, general, principle. It reminds one of the ancient Jews, who, while anxiously waiting, and longing, and praying for the coming of their Messianic Deliverer, yet kept upon their statute-books a law requiring the death of that Deliverer whenever he should appear among them.

Titles and Things.—It seems almost cruel to call allopaths "allopaths," it hurts them so. Scarcely a month passes, but that some one of our allopathic exchanges gives forth a cry of distress from its editor or from a contributor. The monthly shriek for September comes through the New England *Medical Monthly*, from a correspondent at Niagara Falls, and is so wild and piercing as to be audible above the roar of the cataract.

The distressed author of the above-mentioned outcry—his name is Griswold—protests that the term "allopath" should not be applied to his sect, because its members "do not recognize or practice any exclusive system of medicine," and that "the expression 'allopathy' implies the doctrine 'contrary cures contrary.'" The term "allopathic" seems to distress him greatly for another reason, that "it is a name put on the shoulders of the regular medical profession by Hahnemann, and should be spurned by them with as much contempt as that of '*similia similibus*,' each being equally false."

Dr. Griswold entitles his article "Allopathy," and then devotes two-thirds of it to the work of abusing Homœopathy. His article proves two things to our satisfaction: *first*, that he does not know what Homœopathy is; *second*, that he does not know what Allopathy is. Besides doing that—which was entirely unnecessary—he spoils much valuable paper in telling us what Oliver Wendell Holmes says about homœopathy. Now the fact is, that what O. W. Holmes says about homœopathy, does not concern homœopathists any more than the barking of a black-and-tan concerns the gentleman who resides in the moon, except that "the purp" was never known to make the moon-man laugh.

Our distressed friend Griswold, summing up his argument, or whatever he calls it, says the term *allopath* "serves to suggest an error, and to perpetuate a delusion." Here he came very near being right, only he confounded cause and effect,—put the cart before the horse, as it were. It is not the title which "suggests the error, and perpetuates the delusion." It is the error and the delusion which suggest and perpetuate the title, and as soon as allopaths correct their error and abandon their delusion, we shall be only too glad to put away their title.

Unaccountable Ignorance.—It is passing strange that so many well-educated allopathic doctors should exhibit such phenomenal ignorance upon subjects having only an indirect relation to the practice of homœopathy. The fact that all their knowledge of homœopathy is obtained from men like Hooker, Wolf, Holmes, Smythe and Palmer fully explains their practical ignorance of the science as a science, but it will not account for their dense ignorance of the meaning of common English words and phrases. To illustrate, we refer to our editorial entitled, "Titles and Things," in which it is shown that a recent allopathic contributor to the New England *Medical Monthly*, setting out to misrepresent Homœopathy, betrays his entire ignorance of the significance of the term "Allopathy," under which term and title he is pretending to practice medicine. A still more glaring instance is exhibited by Dr. Piffard, of New York, a gentleman supposed to be possessed of at least a common English education, who, in a recent article, shows that he does not know what constitutes a homœopathist, and, presumably, that he is ignorant of what the word *homœopathy* means. It would be pleasant to

believe that Dr. Piffard wrote his remarkable sentences in a spirit of dogged perversity, and that he really knew better than he wrote. But the tenor of the whole article forces us to adhere to the view first expressed, viz., that he is not acquainted with the etymology and significance of a word in very common use. He says:

"The three most prominent of Hahnemann's doctrines are: 1st, that *all* diseases should be treated according to the principles of *similia*. 2d, that the thirtieth dilution is the *best* dose. 3d, that chronic diseases are the emanations of either syphilis, sycosis, or psora. The man that believes these propositions is a Hahnemannian, and may, if he chooses, call himself a homœopathist. The man that does not believe them is not the former, and should not *call himself* the latter."

He means simply that a belief in, and the practice of, homœopathy, alone, cannot make a man a homœopathist, but that he must also believe in the superior efficacy of the thirtieths and in the psoric theory ere he can consistently take that honorable title. This rule is very exact, and we caution any of our readers who prefer the 29th or the 31st, the 2d or the 200th, that they are entirely outside the homœopathic fold,—that is, according to Piffard. It is evident that the standard of preliminary education in allopathic colleges needs very considerable elevation.

The Pennsylvania State Society has had another profitable and enjoyable session. There were about thirty physicians in attendance, of whom all, we believe, took some part in the discussions, and the large majority of them presented papers on some one or more of the subjects represented in the Bureau reports. The quality of the discussions was intensely practical throughout, and very many useful hints were developed. Some of the papers will be of great practical value to those who have the privilege of possessing the *Transactions* when issued.

The society spent a total of eighteen hours in session. Four and a half hours were spent in general business, eight hours in the reading of scientific papers, and five and a half hours in the discussion of the subjects presented in the papers. Several new members were received, some of whom were promptly assigned to the Bureaus to aid in the preparation of next year's reports,—a plan which, steadily and judiciously followed, would rapidly add to the working strength of our societies.

Notes and Comments.

"Ebullition of Blood" is one of the crudities, or rather absurdities of the homœopathic symptomatology. As this is the nineteenth century, the phrase ought to be expunged from our literature.

Comfortable Practice.—"Nevertheless, I would grant that, if a man wishes to be thoroughly comfortable in his diagnosis, he should never make a post-mortem examination."—*J. Heulings Jackson.*

Twenty Thousand Pounds of Quinine are consumed annually. Estimating the population of the globe at one thousand millions, this will allow about one-seventh of a grain troy to each individual.

Powerful Argument Against Homœopathy.—Professor Wagner, of Leipsic, has been fined for calling homœopathy a swindle.—*Hom. Jour. of Obstetrics.* Should his offence be repeated, would he then be sufficiently re-fined to pass for a gentleman?

Guiteau's Skeleton has thrust its hateful presence into the United States Army Medical Museum. It is a wonder the bones of the brave soldiers, Union and Confederate, preserved therein, do not rise and kick it into the street. The sooner Guiteau's bones and Guiteau's name are permitted to rot, the better for common decency and human morals.

Two Methods, but One Object.—Those allopaths who favor, and those who oppose the exercise of professional relations between the two rival medical sects, are one and all actuated by the same motive,—the desire to crush out the influence of homœopathy as a distinct method in therapeutics. Both parties have publicly avowed this object. If we suffer either of them to succeed in any considerable measure, we are unworthy of our high name and mission.

Evacuate, from *e*, out, and *vacuus*, empty, means to empty out; and so is very properly applied in the phrase "to evacuate the bowels." But Hodgson records a rather ambiguous use of the word. A correspondent of the *Daily News*, May 3d, 1872, wrote: "The wounded used to be stowed in it (the refreshment-room at Meaux) until the time came conveniently to *evacuate* them;" with calomel and jalap, we would suppose, until Hodgson further informs us that "it was the *room* that was evacuated, *not* its inmates."

Preventing Conception.—Referring to the prevention of conception as a cause of womb diseases, Dr. H. Minton says: "These acts are not committed by the 'women of the world' alone. No! professing Christians, those who on bended knees nightly say to Him whose laws they are about to violate 'Thy will be done,' are too often guilty of such sins. By thus attempting to defraud nature, disease and misery will cling to woman as long as her indulgent Maker allows her to exist on earth and, I doubt not, will follow her far into eternity itself."

The Size of the Molecule.—De Heen has calculated, on the basis of capillary phenomena, the diameter of a molecule of water, and finds it to be about 75 ten-billionths of a millimeter. The number of molecules of water contained in a cubic millimeter would be about 25 trillions (*Vide Annal. de la Soc. Scient. de Bruxelles*). In preparing attenuations of such a substance the 12th decimal would contain 25 molecules to each millimeter, the 13th 2 or else 3 to each millimeter, and in the 14th, three-quarters of the vehicle would be destitute of the attenuated substance.

How The Italians Embalm.—"The process of embalming is stated to consist of five steps. First, cold water is injected through the whole circulatory system until it issues quite clear. This may take as long as five hours. Alcohol is then injected for the purpose of abstracting all the water from the body. This is followed up by the injection of ether, to dissolve all the fatty matter. This injection is carried on for several hours—in thin subjects for two, in very fat ones for even as long as ten hours. After this, a strong solution of tannin is slowly injected, and full time is allowed for its soaking into all the tissues; this takes from two to five hours.

"Lastly, the body is exposed for from two to five hours to a current of warm air, which is previously dried by passing it over heated chloride of calcium. The body can then be preserved for any length of time without undergoing change, and is as hard as stone."—*London Lancet.*

Post-mortem Clubs.—J. Heulings Jackson, M.D., in the annual address delivered before the British Medical Association, August, 1882, suggested the formation of post-mortem clubs. He described one to which he belonged, many years ago, at York. "It had no other organization than the agreement that each member should obtain an examination whenever possible, and ask the other members to attend. The history was stated by the person, who, so to speak, owned the case, and then each of the members saw what there was to be seen, and notes were taken." There can be no doubt that organizations of this kind could be made exceedingly useful to homœopathic physicians, so many of whom are debarred the privilege of practical pathological study in large hospitals; and especially so, if each post-mortem were made the basis of subsequent research and strictly pathological discussion by all the members. There are hundreds of American communities in which these organizations could be formed (it only requires two earnest physicians to compose a club), and the improvement in pathological and diagnostic skill would not be the only advantage accruing from such associations.

New Publications.

Hahnemann as a Medical Philosopher—The Organon. By Richard Hughes, L.R.C.P., Ed. E. Gould & Son, London. 1882.

This handsomely bound and neatly printed brochure contains a lecture upon Hahnemann's doctrines. It was delivered by Dr. Hughes before the London School of Homœopathy. We commend it to our readers as full of useful information, and as a complete vindication of Hahnemann's *Organon*. For further particulars we refer to an editorial in the Hahnemannian Monthly, for February, 1882. F.

Chemical Analysis of the Urine. By Edgar F. Smith, Ph.D., and John Marshall, M.D. Illustrated. Published by Presley Blakiston, Philadelphia, 1881. Price $1.

This little work of a hundred pages was sent to us by the publishers, but was mislaid; hence the delay in its notice.

The work is based upon Casselmann's *Analyse des Harns*, but the editors

have added numerous analyses and suggestions not to be found in that book. They have thus made their publication very complete.

Chapter I gives the character of the two varieties of urine among mammals, and their differences. Human urine is then examined, and its normal and constant constituents are enumerated. Then follows the description of urine which is undergoing various changes, as fermentation, decomposition of urea, etc. Next are considered the physical properties and reactions of urine, and the detection, by chemical means, of normal and abnormal urinary constituents.

All these subjects are treated fully and yet tersely.

Following the chemical portion of the book, is a section upon the microscopic examination of urinary sediments.

The text is illustrated with a frontispiece, and with three more plates, each of which plates consists of six figures, accurately delineating urinary deposits.

The cheapness of the work, and its convenience as a handbook, should recommend it to students and practicing physicians. F.

Mental Pathology and Therapeutics. By W. Griesinger, M.D. Translated from the second German edition, by C. Lockhart Robertson, M.D., and James Rutherford, M.D. Wood's Library. 1882.

It is often a difficult task to render German into smooth English, and this difficulty is apparent in the translation before us. For instance, in the preface we read: "*As* the first edition won many friends, I hope that the second also will contribute to the extension of psychological knowledge," etc. . . . . "The number of illustrative cases *have* been increased." . . . "I have had occasion *more immediately* to employ," etc. The words which we italicize indicate crudities, and in the case of "have," bad grammar.

On page 5 is the following: "In accordance with the foregoing statements, the question so frequently and so largely treated of by the earlier psychologists, whether insanity, in the anomalies of the understanding and will, the disease really affects the soul, finds a ready and an affirmative solution." Who will attempt to parse the word "insanity" in this sentence.

On page 12 we are favored with the following complication: "In nearly all mammiferous animals the impressions of sight appear to excite, to a very great measure in the corpora quadrigemina to which the comparatively large, in many animals perhaps only root, of the optic nerve proceeds, much more simple and more immediate reflex actions."

The book opens with a chapter upon the seat of mental diseases, after which are given some preliminary anatomical observations, and then physio-pathological observations concerning the brain, the spine, and the nervous system in general.

We regret that Griesinger, following Küss and some other German physiologists, treats the brain as a sort of ganglionic enlargement, "which, like

the spinal ganglia, belongs primarily to the prolongations of the posterior cords," etc. To our mind this is putting the cart before the horse.

The author's conception of the "*Will*" is, we think, entirely erroneous. "If the known and definite ideas," he says, "by being united to the impulses of movement, exercise an influence upon the muscular movements, this is called *Will*" (p. 30). This is but a definition of "will" in action; the real "will" is above.

After describing perversions of thought, of will, etc., perversions grouped by the author under the heading "Elementary Disorders in Mental Disease," he proceeds to the consideration of insanity in general. Attention is given to the causes of mental aberrations, to forms of mental disease, and to their pathology, prognosis, and treatment.

Among the analogies of insanity, the author places dreams, and he seems to confirm his assertion. Still, we cannot follow him when he says: "There are in the insane states of sensation and of motion, dulness of sensorial impressions which no longer affect the individual as they formerly did; that weakening of the influence of the will upon the muscles which is manifested in great slowness of movement, and even, at times, in cataleptic persistence of positions enforced, which, in connection with the coexistent obscurity of consciousness, vividly reminds us of what takes place when sleep comes on" (p. 75). We fail to see any true analogy between the torpor of the insane and the easy, restful pose of a person in natural sleep. And, we may observe in passing, that we are sorry to record another of the numerous evidences of carelessness on the part of the translators. The verb "reminds" has for its subject the nearest "which," and this word stands for "states," and so requires the verb to be in the plural.

In the chapter upon the causes of insanity, the author considers nationality one of the causes from "external circumstances." True, nations differ in nervous excitability, and hence in proneness to mental derangement. But if such difference is inborn, is it not most emphatically an internal cause, and not an external circumstance?

In this chapter, as in nearly all the others, we are treated to an occasional rendering of the original text which would disgrace a schoolboy essaying his first composition. For instance: "In other of these so-called causes, their mode of action, the manner in which, in consequence of them, the disease is established, can be comprehended,"—*cannot* be comprehended would be more applicable here.

In considering the forms of mental disease, Griesinger divides them into: States of Mental Depression (melancholia, hypochondriasis); Mental Exaltation (mania, monomania); and states of Mental Weakness (dementia, idiocy, chronic mania, cretinism). General Paralysis (incomplete) is regarded as a complication.

Dementia is retained under mental weakness, despite the adverse criticism in this matter which followed the issue of the first edition. If it is carefully distinguished from idiocy and imbecility, we agree with the author that "it can be placed nowhere else."

The sections on the pathological anatomy of mental disease is remarkably full, and forms the most instructive portion of the book.

The question of prognosis claims several pages, as well it may, for it is fraught with the deepest interest both to the physician and to the anxious friends of the patient.

Upon the whole, considering the nature of the diseases under discussion, the author gives a rather favorable answer to this question. Melancholia, in its primary stage, is frequently curable. So is mania, though our author differs with Jessen, Rush, and others, in the assertion that mania yields more readily than melancholia.

If mania becomes chronic, or if it is followed by a period of prolonged calmness, but without other signs of improvement, the prognosis is very unfavorable.

Concerning the closing chapter, which refers to therapeutics, we have nothing to say. F.

A Treatise on Antiseptic Medication, or Déclat's Method. By Nicho Francis Cooke, M.D., LL.D. Gross & Delbridge, Chicago, 1882.

The treatise before us is the work of one who is enamoured of Dr. Déclat, and who is eager to make known the latter's discoveries and successes wherever English is spoken and read.

Dr. Déclat, persecuted in France, where he was sarcastically termed *Guérisseurs*, the curer, came to this country, and was warmly received at Chicago, by Dr. Cooke and other physicians.

Dr. Cooke, in whose memory were still fresh the antiseptic studies of his lamented co-laborer, Dr. Beebe, eagerly seized upon the ingenious inventions of his new leader, and at once applied them in practice. Chief among these cure-alls, is phenic acid; but, be it known, not the deteriorated carbolic acid of the market, impure and poisonous, but Déclat's preparations, made with pure simple syrup, or diluted, while in the nascent state, with distilled and re-distilled water from which all air has been expelled. Several combinations are added, as, Ammonio-phenate, Sulpho-phenique, Iodo-phenique, etc.

Locally applied, phenic acid is caustic; internally given, it is poisonous in large doses, but properly used it never fails to relieve in the early stages of tuberculosis, is wonderfully efficacious in cancer, septicæmia, diphtheria, etc.

Properly employed as a prophylactic, the Déclat method will enable the physician to walk in perfect safety through hospital wards and infected cities, and to endure even the contamination of faulty sewers, and filth-poisoned rivers. In fact, so revolutionary is Déclat-ism "that it devotes to worms the mountains of books in which poor brains have tortured themselves to elaborate theories that no one can comprehend. . . . all the lucubrations of minds as nebulous as pretentious, must be thrown overboard." All that is needed now is Déclat's pheniques.

Alas for the vast medical libraries so long the pride of the learned, the trust of the physician, and the hope of the sick! An Italian with a fatal needle destroyed the tomes of Hahnemann's psora theory, and now a Frenchman, with a distillation of coal-tar, topples over into hapless ruin the medical learning of thousands of years.

Dr. Cooke does not discard Homœopathy. Oh, no! True, he is not one of those "who believe that there is but one way of curing disease, though he is as strenuous as may be for the law *similia similibus.*" And he proves his fidelity to the law in treating malignant diphtheria. Here is his method in brief: "Fasten cords from the head of the bed to the footboard; over these stretch sheets, so as to form a complete box, inclosing the bed. Place a small gas or oil-stove upon a low table just within an open space in the sheets, and boil gently in a broad shallow pan, a mixture of one part glyco-phenique to two parts of hot water. Keep up this vaporizing without intermission. Give a teaspoonful of the syrup of pure nascent phenic acid (Déclat's) every hour. Swab the throat with glyco-phenique every 4 to 8 hours, If hoarse, use phenic acid hypodermically. Give a tablespoonful of fresh milk every five minutes (phew!) while awake, and every fifteen while asleep. and a tablespoonful of whiskey to a cup of milk every second hour. Every hour or two immediately preceding the milk, give a swallow of Boudreaux's protochloride of iron-syrup in water."

"It is clear to my mind," writes Dr. Cooke, on page 87 of his book, "as it should be to any one who has read this book attentively, that the success of these measures is, in itself, a demonstration of the homœopathic law."

Why will men step aside from the trodden path, and then declare they are still walking the king's highway; aye, indeed, treading it more loyally, because more intelligently, than those foot-sore co-workers who plod along at the old gait?

A "tablespoon of milk every five minutes," phenic acid inside and outside, and under the skin, too, protochloride of iron, and whiskey!—This is homœopathy demonstrated!! Is Dr. Cook writing in sober earnest, or is he treating us to a travesty?

Why not come out boldly and honestly, if convinced of the truth of Déclat-ism, and place the system, if such it is, upon its own independent footing? If Dr. Cooke will do this, he will have many patient listeners; for while his colleagues are not prepared to discard their well-tried method of cure, they are willing to listen to any new discoveries and new applications under the interesting disease-germ theory, with a view to accept or reject, according as reason and experimentation shall determine. F.

THE VEST-POCKET ANATOMIST. (Founded upon *Gray*). By C. Henri Leonard, A.M., M.D. Eleventh Revised Edition. Enlarged by sections on the Anatomical Triangles and Spaces, Herniæ, Gynæcological Anatomy, etc. Price 75 cents.

To medical students who are trying to memorize Anatomy, this diminutive book is "the best thing out." D.

Gleanings.

Grindelia Robusta in Eye Diseases.—Grindelia robusta seems to possess an almost specific action in certain diseases of the eye. In conjunctivitis and purulent ophthalmia it has been found greatly serviceable; but particularly in iritis is its power evidenced. This, when traumatic, will always yield quickly to this treatment, and, when arising from cold or a metastasis of rheumatism, it is almost as reliable; but, in arthritic, syphilitic, and scrofulous iritis, it does not answer so well. In other words, when the pain is intense, and the fever runs high, Grindelia will do good; but, when the symptoms are subacute, and the disease progresses but slowly, it fails.—*The Therapeutic Gazette,* August, 1882.

Sassafras as a Remedy for Rhus Tox. Poisoning.—Dr. R. L. Hinton, of Prescott, Arkansas, sends to the *Therapeutic Gazette* an enthusiastic recommendation of a strong infusion of *red* Sassafras root for the poison of Rhus. He applies it to the parts freely, and obtains immediate and most gratifying results, even where the common remedies prove utterly useless, as they so frequently do.

Oleo-resin of Male Fern.—Increasing its Efficacy against Tapeworm.—According to E. Dieterich, the frequent failure of Oleoresin of male fern as a remedy against tapeworm is to be ascribed to its irrational administration. It has become known that the popular "worm-doctors," who use almost exclusively the Oleoresin of male fern, and who hardly ever meet with a failure, administer the remedy in conjunction with Castor oil, instead of following it by the oil after one or two hours, as is usually done by practitioners. The object is to bring the extract, in an unaltered or undigested condition, in contact with the worm. The experiments, which have been made by mixing one part of the Oleoresin with two parts of Castor oil, have been very successful, and this mode of administration deserves, therefore, the preference. Oleoresin of male fern is apt to derange the stomach, and, when enveloped partly in the oil, is likely to pass it more rapidly, which constitutes another advantage.

The mixture has, it is true, an unpleasant taste. This may, however, be disguised by filling it in capsules of about 3 gm. (45 grains) each. The dose may be regulated from six capsules (equal to 6 gm. or 90 grains of the Oleoresin, and 12 gm. of Castor oil) to seven or eight more, according to circumstances. It is advisable to empty the bowels on the preceding day by a mild purgative; best by Castor oil.—*New Remedies.*

Acquired Color-Blindness.—The anomalies of the sense of color can arise as a consequence of changes in the retina, optic nerve, and brain. The ability to distinguish colors is neither an individual function of the retina, nor a function of the sensorium. A normal sense of colors is dependent rather on a proper structure and arrangement of all three divisions of the eye.—F. Bayer, in *Medicalische Wochenschrift,* 1882, No. 4.

The Treatment of Hæmorrhoids by Injections of Carbolic Acid.—Dr. Charles B. Kelsey, Surgeon to St. Paul's Infirmary for Diseases of the Rectum, New York, recently opened a discussion on the treatment of hæmorrhoids, at a meeting of the New York Clinical Society, by reading a paper on "The Treatment of Hæmorrhoids by Injections of Carbolic Acid." The paper, which appears in the August number of the *New York Medical Journal and Obstetrical Review,* opens with condensed histories of a number of cases, after which he remarks that, "beginning this plan of treatment without very much confidence in it, and with the fear of causing great pain and

perhaps dangerous sloughing constantly before him, the method is constantly growing in favor with him, and the more he practices it the more confidence he gains in it. With solutions of proper strength the danger of causing sloughing of the tumors is very slight. There are no objections to this method which do not apply equally to others. He has once seen considerable ulceration result from it in the hands of another; but he has seen an equal amount follow the application of the ligature; and he does not consider this as a danger greatly to be feared when injections of proper strength are introduced in the proper way. It is applicable to all cases; is especially adapted to bad cases; and may be used where a cutting operation is inadmissible. It acts by setting up an amount of irritation within the tumor which results in an increase of connective tissue, a closure of the vascular loops, and a consequent hardening and decrease in the size of the hæmorrhoid. Except when sloughing occurs, the tumors are not, therefore, removed, but are rendered inert, so that they no longer either bleed or come down outside of the body. In cases in which the sphincter has become weakened by distension, the injections will also have a decided effect in contracting the anal orifice, as injections of Ergot or Strychnine do in cases of prolapsus. He has used this method of treatment now many times, and has never, except in one case, had reason to regret using it, or to be dissatisfied with its results, so far as he has been able to follow them. Although slow to advocate any one treatment of this affection to the exclusion of all others, he now generally adopts this from the outside in each case, reserving Allingham's operation for any in which the injections may fail. As yet he has met with no such case. Its advantages over all other methods, provided its results prove equally satisfactory, are manifest. The patient is not terrified at the outset by the prospect of a surgical operation, is not confined to his bed, and is not subjected to any suffering. The cure goes on painlessly, and almost without his consciousness. The method requires some practice and some skill in manipulation, in getting a good view of the point to be injected, and in making the injection properly; but this is soon acquired, and he is more and more convinced that the fear of producing ulceration is an exaggerated one, and that when ulceration is produced, it is a result, either of a solution of too great strength, or of one improperly administered."

Myxœdema is characterized by slowness of mental and bodily movements, persistent subnormal temperature, decreased size of the thyroid gland, diminished excretion of urea, and solid œdema of skin and connective tissue. It is essentially a disease of imperfect nutrition. The œdema is due to a form of lymphatic obstruction, which is ascribed to vaso-motor influence. The solidity of the œdematous parts arises from the formation of mucin.—*Cincinnati Lancet and Clinic.*

The Growth of English Homœopathic Pharmacy.—Mr. Ross, of the firm of Leath & Ross, wholesale homœopathic chemists, writing in the *Homœopathic World*, disputes the assumption made in some quarters that homœopathy is on its last legs, or in a critical condition. In opposition to such theories he adduces a few striking facts. He has had nearly thirty years' experience in preparing and selling homœopathic medicines. When he became a convert, the resident homœopathic practitioners in London might almost be counted on the fingers, while there were but two or three chemists who manufactured and sold homœopathic medicines. Now there are more than 100 practitioners and some 30 chemists in London alone; many of the former with large and increasing practices, some of the latter with extensive and steadily-increasing business. When Messrs. Leath & Ross first sent out a traveller, some fifteen years ago, his reception by the allopathic chemists was anything but courteous, and it was no uncommon thing

for him to be threatened with a pedal application, if he ventured within the sacred precincts of their pharmacies again with his obnoxious and senseless wares; now there is hardly a respectable chemist within the three kingdoms who does not keep and sell homœopathic medicines. Twenty years ago they hardly sold a hundred weight of pilules in a year, now their output of this form of medicine alone is upwards of one ton annually; twenty years ago their consumption of spirit in the preparation of medicines scarcely amounted to five gallons a month; now they require five hundred gallons per annum. Twenty years ago one hundred gross of bottles would have sufficed to meet the requirements for twelve months; last year 2163 gross were barely sufficient.—*Chemist and Druggist.*

Pelletierinum Tannicum in Tapeworm.—The alkaloid *Pelletierinum*, lately extracted from the *cortex radicis granati*, is, according to Dr. H. Witt (St. Petersburg *Weekly Medical Journal*, April, 1882), the most certain of all our remedies for tapeworm. In five cases, in which for a number of years all the usual remedies, even extr. Filic. maris, had proved themselves to be unsuccessful, about twenty-two grains of Pelletierinum tannicum, followed by a tablespoonful of Castor oil, had the effect that the dead tapeworm appeared unbroken in the stool. The remedy is easily administered, as it is perfectly tasteless.—*Chemist and Druggist.*

Nervous Congestion is as admissible as blood congestion. The nervous fluid is too subtle to be seen or felt, but, from the effects it produces, the mind can deduce the fact that it may be too abundant in some one place.—See *Change of Life*, by E. J. Tilt, M.D.

The Sputum in Pulmonary Catarrh.—According to Bizzozero, it is the small and thick granular cells of the alveolar epithelium of the lung which proliferate in inflammation. Consequently, these cells, and not the broad squamæ, appear in the sputum. If present in small quantity, they have no significance, but in large quantity they form a bad symptom, indicating then a general catarrh of the alveoli.—*Medical Record.*

Crying of the Fœtus in Utero.—Dr. A. Harlow, of Detroit, Michigan, whose reputation for veracity is indorsed by the Michigan *Medical News*, reports an obstetrical case of his, in which the child cried distinctly and repeatedly for some two or three hours, at least, before delivery. The first scream heard by the doctor was immediately after the rupture of the membranes, and while the head was still in the superior strait, it being "a vertex presentation of the sixth variety, according to Baudelocque." The crying was repeated after each pain, and "could be distinctly heard in any part of the room." On the next day the patient was "comfortable and apparently doing well; pulse normal; no unusual heat or tenderness across the abdomen, and she was free from all pain." She then informed the doctor that "the child first commenced crying four weeks before it was born, and kept it up at intervals until its birth, since which time it has not cried at all." The woman persisted that she had gone four weeks over her regular time. On making his visit on the second day, the doctor found some one else in apparently comfortable attendance, and on the third day the woman died; cause of death not mentioned. The child is living and doing well.

Gelsemic Acid is regarded by Sonnenschein and Charles Robbins as identical with *Æsculin*. Dr. Theodore G. Wormley, however, after experimenting upon frogs, concludes that the two substances are very different in physiological action, and, therefore, are not identical.—*American Journal of Pharmacy*, July, 1882.

Kalmia Latifolia in Honey.—In 1790 quite a number of Philadelphians were poisoned from eating honey gathered from the flowers of the Kalmia latifolia. In good seasons the bees avoid poisonous plants.—*Literary Microcosm.*

The Trituration Question.—Professor Tyndall says: "Examined by the concentrated solar rays, or by the condensed electric beam, the floating matter of the air is seen to consist: first, of particles so coarse that their individual motions can be followed by the eye; secondly, of a finer matter, which is not to be distinguished as motes, but which emits a uniform and changeless light. These latter lie, probably, *far beyond the reach of the microscope.* They entirely elude a magnifying power of 1200 diameters."

Mr. Dallinger observed that these particles are not to be discerned by a magnifying power of 15,000 diameters?—*Floating Matter of the Air*, pp. 75, 76, 127.

Glonoine in Seasickness.—Glonoine 3ˣ, ten pellets every two hours, effectually relieves seasickness. The distressing symptoms may be prevented if Glonoine is taken so soon as fulness in the head is felt. (Eaton's *Domestic Practice;* see, also, *Pathogenetic Outlines of Drugs*, by Dr. Heinigke.)

News, Etc.

Cholera in India, last year, claimed over 14,000 victims.

W. T. Laird, M.D., formerly of Augusta, Me., has removed to Utica, N. Y., and formed a copartnership with his brother, F. F. Laird, M.D.

Pro Bono Publico.—The Hahnemannian's article and editorial concerning the Jefferson College Faculty's action in the case of Dr. Vanvalzah, were copied in the Camden newspapers.

The New Jersey State Society holds its next meeting in Camden, October 4th, at 11 o'clock A.M., close by the Market Street ferry. We wish Philadelphia physicians would give us a call. H.

Siberian Plague.—A dispatch to the London *Daily Telegraph* from St. Petersburg states that "the Siberian plague is appearing to an alarming extent in most widely separated quarters of European Russia. One death from the disease has occurred at Odessa."

Death of Judge Parsons.—Hon. Anson V. Parsons, formerly Judge of the Courts of Common Pleas in Harrisburg, and afterwards in Philadelphia, died September 24th. He was, at one time, President of the Homœopathic Medical College of Pennsylvania.

Yellow Fever.—This scourge still prevails at Pensacola, Brownsville, and at other points upon our Gulf coast. The authorities are vigorously exerting themselves to prevent its extension, and with very encouraging success, as the malady is still confined within quite narrow limits.

Professor William C. Richardson, M.D., is engaged on a revision of his work on *Obstetrics.* He requests that our readers should forward him "obstetric hints of any kind," as he proposes to make this new edition a credit to our school. His address is No. 721 Chestnut Street, St. Louis, Mo.

Cholera in Eastern Asia, this summer, appears to be terribly malignant in character. At Manila, Philippine Islands, 300 deaths are officially reported as having occurred in one day. Out of 775 cases, appearing at Yokohama, Japan, in a period of twenty days, 572 proved fatal. At Tokio 50 deaths are reported daily.

Professors Appointed.—Chiari, of Vienna, has been elected to succeed Klebs, in the Chair of Pathological Anatomy, at Prague.

Professor Richard Volkman, of Halle, has been called to the Chair of Surgery, to fill the vacancy caused by the resignation of Professor Langenbeck, of Berlin. It is thought he will accept the position.

The Hahnemann Medical College of Philadelphia opens its thirty-fifth annual session on October 2d, with every prospect of a continuance of its past encouraging success. The thoroughness and comprehensiveness of the course in this institution are only limited by the time which students are willing to devote to collegiate study and practice.

The Vermont Homœopathic Medical Society will hold its thirty-second annual session at the "Pavilion Hotel," Montpelier, October 18th and 19th; the preliminary meeting on the evening of the 17th; President's Address on Wednesday, 17th, at 2 P.M. Interesting papers will be presented. The secretary is Charles A. Gale, M.D., Rutland, Vt.

Discovery of Galenian Manuscripts.—It is announced from Salonica that the works of Galen, the celebrated physician, have been discovered by M. Papageorges. The entire collection is supposed to have consisted of 248 manuscript sheets, 80 of which are still missing. Of the 168 sheets discovered, all but twenty-four are in a good state of preservation.

The Children's Homœopathic Hospital of Philadelphia has just been the recipient of a block of land for their sanitarium, containing ten lots, at Island Beach, N. J., a new seaside resort, which is located adjacent to Sea Haven, and north of Atlantic City. It has a beach equal to that at Cape May, and a large bay extending around a goodly portion of the island. At present it is reached by train and coach from Absecon to Leeds' Point, and thence by boat. The Hospital will be glad to receive funds from the friends of homœopathy for the sanitarium and their building fund. Any amount will be acceptable, and can be sent to the treasurer, Mr. W. H. Allen, No. 113 Market street, Philadelphia.

House Epidemic at a Health Resort.—Recent newspaper reports contained accounts of what appeared to be a house epidemic of typhoid fever on a small scale at Seabright, Monmouth County, on the New Jersey coast. An examination has since shown that the sewage of the hotel was received into two cesspools, which were provided with overflows draining into the Shrewsbury River, which runs past the hotel. In one of the cesspools the overflow became obstructed. The main soil-pipe extended above the roof, where it had a free outlet for ventilation, but the drain communicating between the main soil-pipe and the house was also freely open, *i. e.*, not trapped; thus allowing the gases to pass direct into the outer atmosphere or into the building, as the direction and force of controlling air-currents might determine. There was some pollution of the ground beneath the cellar, but there was no discoverable contamination of the drinking-water. The comical side of the business was that the victims were each induced to pay damages for having been the cause of closing up the hotel. The authorities of the county have now passed an ordinance, prohibiting the drainage of sewage or refuse matters into the Shrewsbury River.

American Pædological Society.—The fourth annual session of the American Pædological Society will be held next year at Niagara Falls, commencing on the day previous to the assembling of the American Institute of Homœopathy, which date has not yet been definitely fixed.

The special subject for discussion will be:

"The Diseases incident to the 'Second Summer.'"

This subject will necessarily include

1st. Difficult Dentition, its Causes, Prevention, and Treatment.

2d. Alimentary Complications.

3d. Special Hygiene of the Second Summer, Diet, etc.

4th. Reflex Cerebral Disturbances.

5th. Complications of the Respiratory System.

6th. Comparative Mortuary Statistics, under Different Systems of Treatment and Management.

This announcement is made thus early, in hope that observations, made during the past summer, may be more surely and fully utilized by preservation and presentation to the next meeting of the Society, which is expected to be of unusual interest.

R. N. Tooker, M.D., President,
No. 237 Dearborn Street, Chicago, Ill.

L. C. Grosvenor, M.D., Secretary,
No. 185 Lincoln Avenue, Chicago, Ill.

Prizes for Drug-Provings.—We are requested to publish the following notice:

The Central Ohio Homœopathic Medical Society has determined to offer a prize for provings of drugs. The design is to secure a re-proving of some partially tested remedies. The prize will be given to the physician who may present the most valuable proving. All homœopathic physicians and medical societies are invited to enter the contest. The prize will be Allen's *Encyclopædia of Pure Materia Medica*, or its money-equivalent in homœopathic publications, to be selected by the winner. The award will be made by three experts in Materia Medica, not members of the society. Any who desire to conduct such work upon themselves, their patients, or friends, are requested to send to Dr. Jno. C. King, of Circleville, Ohio, Secretary of Committee on Provings, for circular containing further information. It is hoped that members of our school who desire a more accurate Materia Medica and who are anxious for re-provings conducted upon scientific principles (see circular), will respond to this call. All work presented will be freely made the property of the profession, or promptly returned to the author. Any one of three specified drugs may be selected. To obtain full particulars, send for circular.

Erratum.—In our last issue we made a misprint in the review of Dr. Morgan's book on *The Diet of Infants and Young Children*. Instead of "Zwiebach" and "Zweibach," the words should be "Zwieback" and "Zweiback;" *not* "two brooks," but "two bakes."

Deceased.—Keep.—Lester Keep, M.D., departed this life on Sunday, August 20th, 1882, at his residence on Clinton Avenue, Brooklyn, in the eighty-fifth year of his age,

Okie.—On Thursday, September 21st, 1882, Dr. Abraham H. Okie, of Providence, R. I. He was a graduate of the Allentown Academy, and had practiced Homœopathy in Providence for a period of forty years.

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

Send all business communications direct to our office.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, November, 1882. No. 11.

Original Department.

LITHÆMIA—ITS ETIOLOGY AND PATHOLOGICAL RELATIONS.

BY F. F. LAIRD, M.D., UTICA, N. Y.

(Read before the Homœopathic Medical Society, of Oneida County, N. Y., Oct. 17, 1882.)

When Scheele discovered uric acid, in 1776, he regarded it as a "concreting" substance formed in the kidney, and so binding together the earthy matters as to produce stone, hence the term *lithic* acid. This pathological error was maintained for nearly two decades, until, in 1793, Murray Forbes, demonstrated the presence of the acid in the general fluids of the body. Four years later (1797), Wollaston found gouty tophi composed of urate of soda, and in 1798 Dr. Garrod established the fact that both during and prior to an attack of gout, there was an excess of uric acid in the blood. The first half of the nineteenth century was consumed in developing the relation of lithic acid to gout and renal calculi. In 1874, however, the subject of lithuria was brought into still greater prominence by the remarkable Croonian Lectures upon "Functional Derangements of the Liver," in which Dr. Murchison writes: "What I desire to maintain is, that lithuria, like glycosuria, is very often due to a functional disease of the liver. . . . In other words, abnormal disintegration of albuminous matter in the liver, may lead to a morbid condition of the blood, and of the entire system, which often manifests itself in lithuria. This morbid state of the blood I propose to designate Lithæmia." And, again, he insists that "the frequent deposit of lithic acid, lithates, and pigmentary matters in the urine after cooling, ought always to be regarded as a sign of functional derangement of the liver, arising from causes sometimes temporary, at other times more or less permanent." From a care-

ful study of these lectures, it will be seen that Dr. Murchison reasons upon the assumption that urea is formed in the liver, since he expressly states that "modern investigations, pathological as well as physiological, go far to prove that one of the chief functional derangements of the liver, if not the foremost of all, is an imperfect disintegration of albuminous matter, or its non-conversion into a soluble product (urea) which can be readily excreted by the kidneys," and cites the disappearance of urea from the urine in acute yellow atrophy, as a strong corroboration. Still more recent investigations have shown urea to be present in almost every tissue of the body, and to represent the general waste of nitrogenous metamorphosis. Moreover, a glance at the symptoms of acute yellow atrophy in its last stages would strongly suggest the presence of urea in the *blood* (uræmia) if not in the urine. While the fact that urea is formed in, and chiefly represents the general waste of tissues, is now acknowledged, its relation to uric acid is not as firmly settled. Medical chemistry, however, seems to be tending toward the inference that creatin, creatinin, leucin, tyrosin, xanthin, hypoxanthin, etc., are the less oxidized antecedents of uric acid, and that the latter by oxidation is converted into urea. This inference receives strong support from the facts: (1), that in cardiac diseases attended with dyspnœa, but without albuminuria, elimination of urea is diminished, and uric acid increased (Witthaus); (2), that in the new-born infant uric acid is excreted in excess, but gradually subsides as respiration becomes more completely established; (3), that in leucocythæmia, a disease characterized by the great preponderance of white blood-corpuscles, sediments of urates, and even pure uric acid, are found in the urine, while the blood abounds in hypoxanthin; (4), that chronic diseases show elimination of urea, below the normal, associated with a marked tendency to deposition of urates; (5), that strumous and tubercular subjects (in whom oxidation is always at a low ebb) are very liable to excrete uric acid in excess. We thus perceive that there are at least two ways in which an excess of uric acid may occur in the blood and textures: 1st, from an excess of animal or vegetable albuminous food entering the system, *i. e.*, from excessive production; and, 2d, from an arrest of oxidation, *i. e.*, from want of destruction (Bence Jones).

Having thus briefly glanced at the physiological aspect of our subject, we are the better prepared to study its etiological and pathological relations. But first let us thoroughly understand what we mean by the term lithæmia. Da Costa

gives this comprehensive definition: "A state which is closely allied to gout, a half-gout, that does not bring with it the inflammation, pain, and obvious swellings of the gouty paroxysms, but which works more silently, is characterized by the abundance of lithic acid or lithates in the urine, frequently coexists with signs of ill assimilation of food, and with aches and pains, unaccompanied by any perceptible changes of the aching part. Hepatic derangement is also often found; and from this end of the chain, the links are stretched through many vague, almost nameless, symptoms, to outbreaks of true gout, or to structural changes in heart, vessels, and kidneys."

In this connection, three facts must be steadily borne in mind:

I. That lithæmia has reference to the more or less persistent *excessive* elimination of uric acid.

II. That the *sediments* of uric acid and urates occur *as soon as the urine cools.*

III. That "*clear urine often contains more lithic acid than that which thickens on cooling*" (Bence Jones).

Hence we must exclude those cases in which uric acid is not in excess, but is deposited owing to marked deficiency in urinary water; and likewise the spontaneous deposition of lithates and lithic acid, some hours after micturition (acid urinary fermentation of Scherer).

Etiology.—The victims of lithæmia may be ranged under two great classes.

The first and larger includes the brain and muscle workers, whose close confinement to business and love of high living lead to loss of sleep, neglect of outdoor exercise, hasty and irregular meals, with over-indulgence in stimulating food; in a word, the lawyers, clergymen, physicians, clerks and merchants of our cities.

The second and smaller class, comprise the farmers, hedgers, and ditchers, who, while cherishing the warmest of friendship for their stomachs, yet stuff them with such a salmagundi of pork, grease, pie, cake, hard cider and poor beer, that we can fairly hear the suffering organ croaking out in doleful numbers: "Oh, where shall rest be found!" The general debility thus induced will centre either upon the muscular or nervous system.

In the one case, weakness of the muscular coat of the intestines favors slow propulsion of food through the canal, and consequent fermentative changes; in the other nervous erethism causes increased peristalsis, with quick propulsion of the food

and consequent diarrhœa, the latter supplanting the eructations, flatulence, and constipation of the former. Imperfect digestion naturally results in imperfect products, which, flung into the blood, necessarily disintegrate so extensively as to render their complete oxidation impossible.

"With carbonaceous diet in excess," says Bence Jones, "the whole of the uric acid from the tissues might pass off through the blood unoxidized." The excess of free carbonic acid thus engendered, plus that caused by lactic acid fermentation in the food (lactic acid, when absorbed, is reduced to carbonic acid), renders the blood acid.

"When the quantity introduced is not excessive, this carbonic acid unites with the alkaline bases, soda and potash, in proportion to form normal carbonates (Na_2HCO_3), one atom of acid to two of alkali, but where a considerable quantity is poured into the circulation, the amount of alkaline bases are probably insufficient to furnish two atoms of base, but only one, to combine with the carbonic acid, so we have instead the acid (bi-)carbonate (NaH_2CO_3), an acid salt with alkaline reaction, but which, I have shown, is capable, by decomposition with neutral salts, of forming acid salts with acid reactions" (Ralfe).

Taking this in connection with the observation of Gaskell, that alkaline blood assists the contraction of the heart and muscles, while dilute acid solutions weaken it, its bearing upon oxidation is apparent. Thus is produced lithæmia, secondary to functional derangement of the digestive organs. *Per contra*, lithæmia may be primary, and digestive troubles secondary.

Prolonged worry, anxiety, and incessant mental exertion produce nervous exhaustion; this reacts upon the heart, causing the circulation, and with it the process of renewal and removal (oxidation), to become slower and slower: lithæmia is established; a vitiated blood induces vitiated digestive fluids; dyspepsia is the outgrowth. Lithæmia from masturbation and sexual excess are probably thus produced, while that caused by malarial influences may be primary or secondary.

Heredity is a cause which should never escape us, although in this country the condition is more often acquired than inherited (Da Costa), yet in many cases this element can be clearly traced in the gout, gravel, or lithæmic vertigo of ancestors. Moreover, lithic acid and lithates may have been present in a patient's urine for years, and still not have attracted particular attention until, in middle life, their excess causes indigestion and the whole train of lithæmic symptoms (Murchison).

Advanced life (past 40) seems to predispose to lithæmia, "either because the frame then begins to break, or that increasing age enables us to enjoy the pleasures of the table as well as leads to a sedentary life. Magendie has assigned as a cause of these morbid states of the urine in the extreme of life that the temperature of the body is from one to two degrees below the healthy standard of the adult" (Aitken).

High temperature and alcoholic drinks, by interfering with thorough oxidation, must be regarded as favoring conditions.

Da Costa has suggested the possibility that the disorder may be first excited by some disturbance of a nerve centre. "The ingenious reasonings of Dyce Duckworth," says he, "are paving the way for the belief that in the medulla is a trophic centre for the joints, thus explaining the phenomena of articular gout. Is there such a centre for causing lithic acid formation and lithæmia?"

To summarize, we may say: (1), that while functional derangement of the liver is often *a* cause of lithæmia, it is by no means the sole cause; and (2), that all conditions interfering with the thorough oxidation of the products of general tissue metabolism favor the development of lithæmia.

Pathological Relations.— Ralfe (*vide Morbid Urines*) has divided the chemical and pathological conditions which lead to lithuria, under two heads:

I. Uric acid in excess, usually attended with a *diminution* of the other urinary constituents,—"true lithæmia," as he terms it. This class comprises structural diseases of the liver (acute yellow atrophy, cirrhosis, cancer), and cardiac diseases, attended with dyspnœa, but without albuminuria. *Vide*, also, scurvy.

II. Uric acid in excess, attended with *increase* of other urinary constituents. This condition is found in febrile diseases, functional derangement of digestive organs, especially when caused by over-indulgence in nitrogenous foods, as a state antecedent to the development of phthisis, cancer, or diabetes, and preceding the outbreaks of such constitutional diseases as syphilis, scrofula, rickets, and gout.

Ralfe evidently ranks the lithæmia of Murchison under his second classification; on the other hand, Da Costa states that urea is generally *not* increased except in cases exhibiting progressive emaciation. Further clinical observation is necessary to decide this point. He must, however, bear in mind the fact that the increased density of scanty urine may cause nearly all of the urates normally found to be precipitated soon after micturition—a *relative* and not an *absolute* excess. On the

other hand, and as a confirmation of Da Costa's observation, we have the authority of Ralfe, that in cases where the discharge of uric acid *and* urea in excess "is more or less persistent in a urine of high average specific gravity, while the urinary secretion is *not diminished* in quantity, it is to be feared that the condition is a prelude to some serious organic mischief, often phthisis, and, as Prout has pointed out, of uterine cancer." Hence the importance of carefully ascertaining the amount of uric acid by chemical analysis, using for this purpose, the ammoniated cupric test of Pavy.—(*Lancet*, June, 1880.)

When the formation of the acid is only slightly in excess, or a temporary condition, its presence may only be indicated by transient heartburn, pruritus, or urticaria, mild bronchial catarrh, or a passing irritability of the urinary organs. Increase the quantity and the acid becomes a direct irritant to every surface over which it passes. First are produced those manifold nervous and gastric disturbances so fully narrated in the symptomatology; and, secondly, the structural changes in various parts, of which it is our province to speak.

The liver becomes prone to develop fatty degeneration, interstitial inflammation (cirrhosis), and, in cases where the hereditary tendency exists, even cancer.

Dr. Murchison also claims that the catarrhal jaundice of middle life has a lithæmic origin. His assertion, however, that gout is due to a functional derangement of the liver, admits of considerable questioning; but that it *may* be an outgrowth of lithæmia, will hardly be disputed. Especially is this true in England, where the hereditary tendency is regarded as an aristocratic heirloom, and port wine its most trusted ally; but in America we can more truthfully say that the lithæmic symptoms "are also very common in persons who neither inherit articular gout nor ever have it themselves." In true gout it is to be observed that the excretion of uric acid is diminished for several days prior to the paroxysm, while in the blood there is an excess; but at the termination of the attack, Bronardel has found not only lithic acid, but also leucin and tyrosin. The same retention has been noticed on the advent of a local inflammation or febrile catarrh, and the same abundant excretion to mark beginning recovery (Murchison). Dr. Garrod explains this by "elective elimination" of the kidney, *i. e.*, its power of excreting uric acid may be diminished or averted, while the power of eliminating urea may be unimpaired, or the reverse, as in Bright's disease and the cold stage

of cholera. In other words, an easily soluble substance may be readily removed through the congested tubules, while a comparatively insoluble and quickly precipitated material finds a most difficult exit. Thus, too, is explained the fact that in lithæmia a copious and sudden outpouring of lithic acid is often coincident with the relief of the digestive or nervous symptoms. The kidney, irritated and congested, finds it impossible to eliminate the *entire* excess of lithic acid, which, by accumulation in the blood, reacts upon other tissues and organs, the stomach, for example, now acts as a safety-valve or counter-irritant to relieve the renal congestion, the acid finds a free passage, and the gastric symptoms are alleviated.

The irritation in the kidney produced by excess of uric acid, according to Dr. Murchison, is one of the chief causes of acute Bright's disease in patients over twenty years of age (scarlatina in patients *under* twenty). "The contracted granular, or gouty kidney," writes Dr. George Johnson, "is due to renal degeneration as a consequence of the long-continued elimination of the products of faulty digestion through the kidneys," and is found in patients suffering from well-marked lithæmic symptoms.

As a corollary to the above, it is evident that congestive or intermittent albuminuria may result from the same cause. The relation of lithæmia to urinary calculi becomes evident when we consider that "about 80 per cent. of all calculi are formed of it (uric acid) or its salts, whilst a still greater proportion of the nuclei are composed of this substance" (Coulson). The precipitation of the acid in any part of the urinary organs may be due to one or both of the following conditions: (1), increased acidity of the urine, owing to some other acid; (2), increased proportion of uric acid to the water of the urine, either positively or relatively (Coulson). The catarrhal condition of the urinary passages, so long regarded as favoring the formation of calculi, is now held by our best authorities to be secondary, and the causes of uric acid deposits have been thus classified by Dr. Golding Bird: "(1.) The waste of the tissues being more rapid than the supply. (2.) The supply of nitrogen in the food being greater than is required for the reparation of the tissues, as in over-indulgence, especially in the use of animal food. (3.) The process of digestion being insufficient to assimilate an ordinary and normal supply of food, as in dyspepsia. (4.) Obstruction to the cutaneous outlet of nitrogenous secretions as met with in diseases of the skin or due to variability in climate, etc.

(5.) Congestion of the kidney from injury or disease." In short, an increase of uric acid in the blood, plus obstruction to its elimination,—a state which finds its exact counterpart in lithæmia.

Calculi, composed of oxalate of lime, are also probably dependent upon lithæmia, since many eminent chemists have not only derived oxalic acid from lithic acid outside the body, but have also distinctly stated that the same process occurs within the body by an imperfect oxidation of lithic acid (resulting in oxalic acid and urea). Moreover, it has been proved that oxalic acid, when introduced into the stomach, returns as oxalate of lime in the urine. "It may be added," writes Dr. Murchison, "that oxalate of lime usually coexists or alternates with lithic acid or its salts, both in the urine and in urinary calculi, and that the condition of oxaluria, as was long ago pointed out by Dr. Prout, is often associated with symptoms similar to those which are common in lithæmia." The frequent coexistence of renal and biliary calculi in patients suffering from lithæmia, is also worthy of remark, and a suggestive inference may, perhaps, be drawn from the fact that uric acid has occasionally been found in gallstones.

Clinical experience has shown that lithæmic patients are not only prone to local inflammations such as "colds," pneumonia, bronchitis, etc., but also to degenerations of tissue, especially fatty. Andral and Lobstein have observed atheroma of the arteries at an early period, and diseases of the aortic valves, independent of injury or rheumatism, to be often associated with lithæmia. These observations have a practical significance as tending to explain the meaning of "predisposition," or, so-called *diathesis*. Expose two apparently healthy men, equally well clothed, to a low temperature, one acquires pneumonia, the other escapes. Why? Because the former was of a strumous diathesis, may be the correct answer, yet back of this there is something more. Inherited scrofula has stamped its mark upon every atom and molecule of that patient's body, by reason of which healthy nutrition is able to be carried on only under the most favorable circumstances; a slight cause is therefore sufficient to destroy the normal equilibrium between waste and repair; uric acid or its allies accumulate in the blood, and by their irritation produce inflammation at the weakest point. Such would seem to be the effect of the lithates when retained, "on the advent of a febrile catarrh or a local inflammation" (Murchison). While a prolonged irritation would naturally result in degenerative changes of the most serious nature.

In conclusion, we would call attention to the fact that lithæmia has been often found preceding or alternating with diabetes mellitus, indicating an alliance, apparent or real; and since saccharine urine has resulted from an injection of phosphoric acid into the venous system, as well as from its intestinal absorption (Pavy), it is far from improbable that some of the intermitting forms of diabetes may be due to an accumulation of acid salts in the blood (Ralfe).

First classed among renal, and then among hepatic disorders, diabetes found a nerve-centre in the floor of the fourth ventricle. Following the suggestion of Da Costa (*vide Etiology*), may not future pathology rank lithæmia as its close companion?

LITHÆMIA—ITS SYMPTOMATOLOGY, DIFFERENTIAL DIAGNOSIS AND TREATMENT.

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(Read before the Oneida County Homœopathic Medical Society.)

For convenience of description we may classify the numerous symptoms of this protean malady under the following heads:

Derangements of the nervous system.

Disorders of the digestive tract.

Affections of the respiratory and circulatory organs.

Affections of the skin.

Disorders of the genito-urinary organs.

It must be understood, however, that this classification is a purely arbitrary one, and that in the majority of cases, the symptoms of two or more of these divisions are intermingled.

First, in importance, frequency and diversity, we may place the disturbances of the nervous system, extending in a long, unbroken series from trivial disorders through many obscure and heretofore anomalous symptoms to severe, dangerous, and even fatal diseases. One of the most common of these is *neuralgia*. It rarely affects the trifacial but attacks by preference the brachial, intercostal, and sciatic nerves, neuralgia of the tongue, and in women neuralgia of the breast are also common—in fact, to use the graphic language of Da Costa, "there is no nerve in the body which can ache that is exempt," but wherever located, this neuralgia has certain characteristic peculiarities which may be considered pathognomonic. It is always persistent, is marked by frequently recurring paroxysms, and is promptly relieved by a free discharge of gravel. In

many of the worst cases Da Costa's theory that uric acid is deposited in the nerve-sheaths and gives rise to a "secondary neuritis," is undoubtedly correct.

Closely allied to neuralgia are the various pains with which lithæmic patients so often suffer: "Pain in the fingers, in the feet, without being necessarily associated with aching joints; pain in the tendo-Achillis, in the breasts, near the shoulder-blades, and in women at the coccyx; pains in the legs, thought to be rheumatic and attended with some muscular soreness and stiffness of gait, are often encountered."* In this same category we may include the anomalous "reflex pains and aches," which are among the rarer symptoms of the lithæmic state. Persistent and painful cramps in the legs, in the abdomen, and sometimes even in the rectum, are especially apt to occur at night, and are most frequent during the winter months. Muscular twitchings and irregular choreic movements are common. Certain transient but frequently recurring abnormal sensations are experienced, such as burning of the palms and soles, burning of the tongue, feeling of great fulness and rather pleasant warmth in an entire leg from the knee down, not accompanied by any sense of burning in the skin, and general "hot spells," attended with a very slight elevation of temperature rarely exceeding one and a half degrees.

Less common but more persistent is localized anæsthesia, associated with numbness, formication, and pricking sensations. This is usually confined to one of the upper or lower extremities, or not infrequently attacks "corresponding parts of both arms and legs." It may also affect the face or lips, and Da Costa states that after severe, long-continued cephalalgia, the numbness appears on the side opposite to the headache. The loss of sensibility is more subjective than objective, though the tactile sense is usually somewhat impaired.

Vertigo is a common and prominent symptom. It often occurs without any apparent exciting cause; it may also be readily induced by mental fatigue or worry, and especially by indulgence in highly nitrogenized food and alcoholic stimulants. The vertiginous seizure consists of "several attacks daily for a few days;" they may also occur at night. In some instances they are preceded by a feeling of "emptiness in the head," dark spots before the eyes and dimness of vision; in others there are no premonitory symptoms. The dizziness is

* Da Costa, Amer. Jour. of the Med. Sciences, October, 1881.

short but severe. Surrounding objects seem to whirl around the victim, who staggers and grasps the nearest support to keep from falling. Loss of consciousness is rare, and when it does occur is only momentary. Headache may or may not follow the paroxysm. Usually, "when headache becomes a marked symptom, the vertigo is infrequent." After long continued attacks we find considerable impairment of vision and even temporary blindness of "one eye or part of one eye," due to congestion of the retinal vessels, frequently associated with transient deafness and roaring in the ears. These phenomena may also occur in patients who are not subject to vertigo, but are "only markedly lithæmic."

Headache is another common but less characteristic feature of lithæmia. Da Costa recognizes two varieties:

(1) A dull, heavy pain, usually frontal, more rarely occipital, which may follow the vertigo or occur "when digestion is specially disordered," or take the form of a morning headache.

(2) Severe, acute, periodical, neuralgic cephalalgia, which is aggravated by noise or motion, "accompanied or followed by a heavy deposit of red sand in the urine," and differs from ordinary "bilious" or "sick" headache in the absence of marked gastric disorder or severe vomiting. Murchison* claims, however, that we may also have true migraine. Is it unreasonable then to suppose that many of the chronic intractable headaches, occurring in women entirely exempt from all gastric, uterine, or menstrual derangements, may, upon further investigation, be traced to a lithæmic origin?

In addition to the impaired vision and defective hearing already mentioned under the head of vertigo, we may also include in our list of disturbances of the special senses an unusual sensitiveness to sounds and an abnormal susceptibility to odors.

Insomnia is frequently marked and persistent. In many cases there exists a certain indescribable nervousness, and Da Costa claims that hysteria in women past their youth is often attributable to this over-acidity of the blood.

We have already mentioned the transient loss of consciousness, with staggering gait, sensation of emptiness in the head, and dark cloud before the eyes as concomitants of the vertigo. Da Costa draws attention to the fact that this uncertainty of gait may occur without any indication of cerebral irritation, and that all these phenomena may exist independently of the

* Croonian Lectures for 1874.

vertigo, and are frequently mistaken both by physicians and patients for epileptic prodromata. Murchison goes a step further, and claims that lithæmia often induces genuine epilepsy.

The mental symptoms are pronounced. The lithæmic patient is languid and listless, the slightest exertion of body or mind producing fatigue and exhaustion. He loses his memory, becomes despondent, hypochondriacal, or even hysterical, while anxious forebodings and apprehensions of some approaching fatal disease disturb his slumbers and help to intensify the prevailing gloom. More frequently, however, there is an intense nervous irritability. Noises disturb, odors annoy, trifles enrage him. Like the typical Ant. tart. child, he cannot bear to be touched or looked at. In the language of Sir Benjamin Brodie, "he is a trouble to himself and to every one around him;" or, as Da Costa tersely expresses it, "the man is on edge, and the acid blood literally makes an acid temper." At intervals the system purifies itself by an abundant discharge of lithic acid and lithates through the kidneys. At once the dark cloud lifts from the mental horizon, the nerves regain their tension, and the natural affections resume their sway. But the relief is only temporary. The same distressing symptoms soon return, and persist with these occasional respites, until their cause is recognized and removed by proper treatment, or the victim finally succumbs to some of the numerous diseases which lithæmia engenders.

Murchison's claim, that acute mania may be induced by the lithæmic state, does not seem to be corroborated by the investigations of later writers.

All these varied nervous phenomena have certain common characteristics. Of these one of the most marked is their motility: one series of symptoms remain for a time, disappear, and are replaced by another set; and this constant interchange may be so persistent that, as Da Costa observes, it is almost impossible to avoid the suspicion of some organic disease. We also notice that while they may alternate with the gastric disorders, they are rarely associated with them, and that they are most prominent in those cases where no signs of organic lesions are discoverable. They are always aggravated by alcoholic beverages and certain articles of food which are known to induce the lithæmic state, and are promptly relieved by copious discharges of uric acid and urates.

Let us now turn our attention to the numerous and important symptoms of the digestive tract. Da Costa summarizes

them as follows: "Flatulent distension of the stomach and bowels; acid eructations; fulness at the epigastrium and drowsiness after meals; a bitter taste in the mouth; flabby tongue coated at the base; capricious appetite; constipation, or what is more significant, stools, from altered biliary secretions, either very dark or very light; short attacks of diarrhœa; passing slight jaundice; small ulcers in the roof of the mouth; hæmorrhoids; palpitation of the heart, with intermission in its beats; throbbing of the great vessels; lumbago; itching, erythematous or slightly scaly eruptions like pityriasis on the chest and between the shoulder-blades;" severe attacks of gastralgia alternating with neuralgia of other parts. To these we may add, on the authority of Murchison, a sensation of weight, fulness and burning in the liver; hepatic pains, neuralgic in character and often extending to the right shoulder; gallstone colic and repeated attacks of intestinal hæmorrhage. In nephritic colic, which is one of the characteristic manifestations of lithæmia, we also find nausea and intensely sour, greenish vomiting. One or two exceptions may be noted to the symptoms detailed by Da Costa: the tongue is often clean or only slightly furred in the morning, and the appetite is usually excellent, though in the worst cases there is actual loathing of food, with craving for alcoholic stimulants.

The effect of lithæmia upon the respiratory organs is manifested, according to Murchison, by "an excessive secretion of viscid mucus in the fauces and at the back of the nose," chronic bronchitis and spasmodic asthma. In this climate, where every other person has posterior nasal catarrh, the diagnostic value of the first symptom is, at least, problematical.

Irregular and intermittent palpitation of the heart and exaggerated pulsation of the large arteries are very common symptoms, either associated with the gastric derangements or occurring independently. Feeble circulation may also be present in some cases. But Murchison's assertion that angina pectoris and venous thrombosis are accompaniments of lithæmia lacks proof. True, they may exist in hypertrophy and mural degeneration of the heart; but these are the *results* of lithæmia rather than lithæmia itself.

In 1867 Bence Jones pointed out the fact that certain skin diseases are "the outburst of an over-acid state." Most English writers now agree that eczema, lepra, psoriasis and lichen may be produced by lithæmia, and it is probable that urticaria and pruritus may also arise from this same dyscrasia.

Keyes* lays down the axiom that "no one can be accused of improper relations because he has a profuse urethral discharge." This statement is strikingly corroborated by the observation of Murchison that "not only may lithæmia modify or protract an ordinary gonorrhœa, but it is sometimes the primary cause of acute urethritis," which, both in its course and its sequelæ, is clinically indistinguishable from the specific variety. More than this, the patient whose urine is constantly and intensely acid has an "unhealthy urethra," which is liable to contract inflammation from the most trivial causes—even an ordinary, purulent, leucorrhœal discharge coming in contact with it may induce urethritis, which might easily be mistaken for true gonorrhœa. Priapismic erections during sleep, orchitis, acute or chronic hydrocele, and "indurated masses in the testicle or epididymis," are common in aged lithæmics.

But it is obvious that while certain symptoms may lead us to suspect lithæmia, urinary analysis furnishes the only positive proof of its existence. Let us, therefore, carefully study the characteristics of lithæmic urine. It is generally scanty, dark-colored, and strongly acid. The specific gravity is always high; it may even reach 1035, but in the cases which have come under the writer's observation, it has rarely risen above 1030, and has usually varied from 1020 to 1025. On cooling, the urine deposits a more or less copious sediment, generally of a pinkish, red or "brickdust" color, more rarely white or yellow. It must not be forgotten, however, that, according to Bence Jones, the urine may be clear and perfectly normal, as far as we can judge by ocular inspection, and yet be loaded with lithates. In doubtful cases, therefore, where other symptoms point to lithæmia, we must not argue its nonexistence, on account of the absence of sediment, but resort to chemical and microscopic examinations before expressing a positive opinion. For the detection of uric acid and its compounds, Tyson† recommends either the murexid or the carbonate of silver test. The former he describes as follows: "A small portion of sediment or the residue after evaporation is placed on a porcelain plate or a piece of platinum, a drop or two of nitric acid added to dissolve it, and then carefully evaporated over a spirit-lamp flame. When dry, a drop or two of liquor ammonia is added, when there promptly appears a beautiful purple color, which will gradually diffuse itself as the ammonia spreads." This is not thoroughly reliable, how-

* Venereal Diseases.

† Practical Examination of the Urine.

ever, since tyrosin, hypoxanthin and xanthoglobulin all give a similar reaction. The carbonate of silver test is much more accurate. It consists in dissolving a little of the sediment in a solution of sodium or potassium carbonate, placing a few drops of the solution on paper, and adding a solution of nitrate of silver. "A distinct gray stain promptly occurring indicates the presence of uric acid."

For the quantitative analysis we may conveniently employ either Dr. Pavy's ammoniated cupric test, described in the *Lancet* for June, 1880, or the following, recommended by Tyson:

"To 200 cc. (54 f3) add 20 cc. (5.4 f3) of Hydrochloric or Nitric acid, and set aside in a cool place, as a cellar, for twenty-four hours. At the end of that time the uric acid crystals, highly colored, will be found adhering to the sides and at the bottom of the beaker. Collect the uric acid on a weighed filter, wash thoroughly with distilled water. Dry the filter, and uric acid at a temperature of 212°, weigh, and the weight of the two, minus the weight of the filter, will be the weight of the uric acid in 200 cc., except the small portion retained in the acid and washings. Neubauer advises to add to the result 0.0038 gram uric acid for every 100 cc. of these fluids." The recognition of the different bases—soda, ammonia, lime, potash, and magnesia—which unite with uric acid to form urates, is not essential. We, therefore, omit a description of the tests by which their presence can be detected; these can be found in any textbook of medical chemistry. In rare cases, complicated with hæmaturia, or where organic renal disease has resulted from the long-continued irritation caused by the acid blood, albumen may be present, but albuminuria is not a symptom of lithæmia *per se*. Sugar is never found except in those still rarer instances, in which diabetes has been induced by the lithæmic dyscrasia.

Examined under the microscope with a power of 150 to 300 diameters, the urine shows an abundance of amorphous urates, some pigmentary matter, and crystals of uric acid and oxalates.

When occurring in large quantities, these urates may accumulate in the bladder, and as they are voided at the close of micturition, are often mistaken by the patient for a stream of blood. Even where the amount is excessive, its passage may be painless or attended only with some smarting and burning, or an occasional, momentary, sharp pain in the urethra, with slightly increased frequency of urination. But, in the major-

ity of urates, this sediment, sooner or later, becomes impacted in the ureters, and we then have the well-known phenomena of renal colic. In many instances, several of these paroxysms recur at short intervals. Preceding the attacks, for days and even weeks, is a feeling of soreness and tenderness over one kidney, with dull, heavy pain in the region of the corresponding ureter, depression of spirits, and general malaise. After repeated and rapidly recurring paroxysms, the mucous membrane of the ureter becomes intensely inflamed and so exquisitely sensitive that the passage of this sand, even in minute quantity, not only causes severe pain, but may actually produce hæmaturia, as the writer has witnessed in two cases. It must not be forgotten that these deposits may serve as a nucleus for renal and vesical calculi, and may also produce cystitis and dangerous or even fatal disease of the kidneys.

Neither the constitutional and organic diseases which lithæmia engenders, nor the severe local congestions of which it is the efficient predisposing cause, properly come within the scope of this article. They are always associated with other evidences of this morbid state, and in their symptomatology present no special variations from the common type.

In concluding this part of our subject, we may appropriately say a few words upon the relation of lithæmia to gout. Is the latter the result of the former, as Murchison claims? Let Da Costa answer. "There is a close relationship," he says, "and one predisposes, perhaps readily passes into the other. But we have lithæmia where not a typical symptom of unequivocal gout is to be found, not happening even during the lapse of years and where there is no inherited gouty diathesis. If we take the characteristic features of gout to be the peculiar periodic recurrence of the joint affection, we see at once the difference. A little aching in the knuckles or toes at times, and, in a very few, enlargement of a finger-joint, are the only kindred features of lithæmia, and the diminution of uric acid in the urine for several days before the gouty paroxysm, the scanty excretion during it, the mere traces which, as Senator tells us, are found in chronic cases even between the paroxysms, are not analogous to the abundance of lithic acid or the lithates to be observed in lithæmia. There is a belief that gout is rare in this country, and typical gout is comparatively rare. But lithæmia is most common, and if it be true gout, it is preeminently the American gout." We may also note, as an additional distinction, that nephritic colic, which is a very fre-

quent symptom of lithæmia, is one of the rarest concomitants of gout.

Differential Diagnosis.

The disorders with which lithæmia is most likely to be confounded, are oxaluria, phosphaturia, atonic or flatulent dyspepsia, and various nervous derangements.

Many writers, including Reynolds, regard oxaluria a modified form of lithæmia; but Ralfe* gives us the following points of differential diagnosis: "Both have dyspepsia, occasional diarrhœa, localized anæsthesia, and muscular twitchings, but here the resemblance ceases. Lithæmia is most common in patients who indulge in high living and lead sedentary lives; oxaluria attacks by preference 'the careworn, the harassed, the overworked and underpaid members of the community.' The former has its habitat in the city; the latter, in the country, especially in damp and marshy districts. In lithæmia, the dyspeptic symptoms are aggravated after meals; in oxaluria, they are often relieved by eating. In lithæmia, the patient is irritable and choleric; in oxaluria, he is melancholic, but 'amiable and easy tempered with his relatives and dependants.' In lithæmia, the urine is generally scanty, dark-colored, has a high specific gravity, and contains sugar only in those cases where the dyscrasia has developed diabetes; in oxaluria, it is normal, both in quantity and specific gravity, of a pale-greenish color, and always shows traces of sugar, or sugar may alternate with the oxalates, and *vice versa*. Oxaluria, also, has 'burning sensation across the loins, accompanied by feeling of tightness and dragging around the abdomen, and shooting and burning pains in the lower limbs'—symptoms, which have no parallel in lithæmia."

Ceramuria or phosphaturia resembles lithæmia in flatulent indigestion, constipation or diarrhœa, and great nervous irritability; but the urine is profuse, light colored, has a low specific gravity (1001-1003), and is "loaded with mucus, together with a copious white sediment, so that the latter parts of the urine pass like so much milk."†

There is reason to believe that lithæmia and atonic or flatulent dyspepsia are often confounded. Yet they can easily be distinguished by careful attention to the following points of differential diagnosis, which, since the distinction is important, we have arranged in tabular form:

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* Morbid Urines. † Aitken.

LITHÆMIA.	ATONIC DYSPEPSIA.
1. Acidity is one of the earliest symptoms, flatulence appearing later.	1. The reverse is true, or acidity may be entirely absent.
2. Symptoms constantly changing.	2. Motility not marked.
3. Urine intensely acid and usually scanty.	3. Urine alkaline, or neutral, or faintly acid; quantity normal, or increased.
4. Gastric troubles are all worse when the urine is scanty, and improve as it becomes more copious.	4. Not present.
5. Chemical and microscopical examination of the urine shows an abundance of uric acid and urates.	5. The urine when boiled deposits phosphates.

It is impossible within the limits of this paper to draw distinctions between lithæmia and the various nervous disorders which it resembles. In the majority of instances, by carefully noting the general characteristics of lithæmic nervous derangements,—their motility and their conditions of aggravation and amelioration,—we shall be able to arrive at a correct diagnosis. In doubtful cases we must resort to the crucial tests of chemistry and microscopy.

Treatment.

1. *Hygienic.*—The first essential of successful treatment is a rigid diet. Da Costa advises a substantial breakfast and a light dinner and supper. Butter, cream, baked beans, toast, fat meat, pork in any form, pie, cake, doughnuts, and all sweets must be forbidden. Lean beef and mutton, potatoes and eggs, should be used sparingly. Alcoholic stimulants, malt liquor and coffee must be absolutely prohibited; tea, chocolate, and milk are also injurious, but in a less degree; the best beverage is pure cold water. The dietary recommended by Da Costa consists of poultry and the white meats, fish, oysters, fruits that do not contain much sugar, fresh vegetables except asparagus, bread, wheaten meal, and oatmeal.

Scarcely less important is active exercise. Brisk walking, horseback riding, and the "Swedish movement cure" are all beneficial. "To live very constantly in the open air, to take a long mountain tramp or an ocean journey are most useful prescriptions to persons who can comply with them." Since much of the benefit thus derived is undoubtedly due to the ozone contained in the pure mountain and sea air, may we not, taking a suggestive hint from nature, expect favorable results from the systematic employment of compressed oxygen and ar-

tificially prepared ozone in the treatment of a disorder in which imperfect oxidation plays such an important part?

On account of the tendency of lithæmic patients to take cold, the body should always be warmly clothed. The healthy action of the skin must be maintained by occasional shower-baths and daily brisk rubbing, either with the hands or a flesh-brush. Turkish baths are also useful, but must be used with moderation.

2. *Allopathic Therapeutics.*—The treatment recommended by Da Costa may be accepted as embodying the latest and most advanced views of old-school therapeutists. According to this author, "the excretory action by the bowels" should be stimulated by saline purgatives and saline mineral waters, such as the Hunyadi-Janos, the Friedrichshall, and the Saratoga Congress waters. He deprecates mercurials as "too wasteful." The acidity of the urine should be neutralized, and its quantity increased by drinking freely of Carlsbad, Centrexeville Vichy, Capon Spring, Saratoga Vichy, or Poland Spring waters. The Apollonaris water has also proved of marked benefit in some cases. "Citrate of lithium often does good, Iodide of potassium and Colchicum less often." For the nervous symptoms Zinc and Arsenic are the favorite remedies. Bromides and chloral should be used with great caution, and only on "very special occasions." The main reliance, however, is upon strict observance of hygienic rules.

3. *Homœopathic Therapeutics.*—A careful study of the Materia Medica shows that the following drugs correspond to lithæmia:

1. *Berberis, Canth., Lycopodium, Sepia.*
2. Ant. crud., Bell., Benz. ac., Carbo veg., China, Colch., Graph., Lith. c., *Naja*, Natr. mur., Natr. sul., Nitric ac., Nux v., (Ocimum), Puls., Sulph., Tabac., Zinc.
3. Arg. nit., Arsen., Cact., Chin. sulph., Cimicif., Coloc., (Cupr.), Digital., Kreos., Mez., Myrica, Pallad., Sarsap., Silic.

This list is necessarily incomplete. If we bear in mind the important fact that apparently normal urine is often loaded with Lithic acid and lithates, we can readily see that in Hahnemann's time, when chemistry and microscopy were in their infancy, this condition may have existed during the provings of many drugs, and escaped detection. If, therefore, some medicine, outside the above list, accurately covers every symptom, except those obtained by chemical and microscopic ex-

amination, we may unhesitatingly administer it, and future re-provings, supplemented by modern methods of urinary analysis, may amply demonstrate the homœopathicity of the prescription.

We append the indications for the four principal remedies:

Berberis.—Anxious, fearful or fretful mood; difficult thinking and weakness of memory; disinclination to mental or bodily exertion; easily disturbed by external occurrences. Vertigo, headache, dimness of vision and noises in the ears. Distension of stomach, with heartburn and frequent eructations. Fermentation and loud rumbling in the abdomen. Pressive pain in hepatic region; liver congested and torpid. *Gallstone colic.* Constipation or diarrhœa. *Tearing, cutting pains in the kidneys, extending down the ureters to the bladder or urethra, or shooting all through the pelvis and into the hips; burning, cutting, and sticking pains in the bladder and urethra. Urine hot, dark or bright yellow, or blood-red, with white, grayish, or bright red, mealy sediment, or red granules, or yellowish-red crystals;* also, mucous or gelatinous sediment. Palpitation of the heart, and stitching pains in the cardiac region. Paralyzed, bruised sensation in renal region and small of back, *worse while sitting or lying;* lame pains and stiffness in the arms and legs. Transient burning sensations in the palms of the hands and other parts of the body. Sticking pains in various localities. Cramps in the calves. Tearing along metacarpal bones and in the finger-joints. Restless sleep. Urticaria. *Bubbling sensation in various parts.*

Cantharis.—Irritable; dissatisfied with everyone and everything; morose, passionate and angry; or, despondent and low-spirited. Vertigo, with transient loss of consciousness, sensation of a fog before the eyes, and tottering gait. Right-sided headache. Transient dimness of vision. Ringing, humming, and roaring in the ears. Blisters in the mouth; foul, bitter, or nauseous taste. Sour eructations. Nausea, and vomiting of sour, greenish, offensive matter. Cardialgia. Distended abdomen, with rumbling and rattling of flatus, and sensation as if diarrhœa would appear; incarceration of flatus under the short ribs; constipation or diarrhœa. *Renal region sore and sensitive to touch; dull pressing pains in the kidneys; cutting, contracting pains in the ureters, extending to the bladder and urethra and down the spermatic cord, with retraction of the testicles or shooting into the legs and thighs. Frequent urging to urinate; urine passes in drops; burning and cutting pains before, during, and after micturition. Urine scanty, dark-*

colored, of a high specific gravity, and deposits either a whitish sediment looking like old mortar or a reddish, brickdust sediment. Hæmaturia. Urethritis; chordee; priapism; orchitis. Catarrh of the air-passages, with dry, hacking cough. Palpitation of the heart; intermittent pulse; drawing and stitching pains in the cardiac region. Pain in loins, small of back, and coccyx. Paralytic sensations, pains and stiffness in the limbs. Pain in the fingers. Burning of palms and soles. Numbness and formication in the extremities. Sleeplessness. Erythematous, papular, vesicular, and pustular eruptions. Pruritus. Psoriasis. Eczema. Burning in various parts.

Lycopodium.—Excitable, easily angered and peevish about trifles, or despondent and melancholy; weakness of memory. Vertigo, with staggering. Headache. Dimness of vision, dark spots before the eyes. Over-sensitiveness of hearing or partial deafness, with humming, roaring and whizzing sounds in the ears. Increased acuteness of smell. Sour or bitter taste. Eructations. Nausea and vomiting. *Sudden sense of satiety after a few mouthfuls of food; flatulent distension of the abdomen, with rumbling of flatus and feeling of fermentation in the bowels; pains across the abdomen from right to left.* Gastralgia. *Incarcerated flatus.* Soreness, pressive pain and tension in the liver. Violent gallstone colic. Constipation or diarrhœa. Renal colic, pains extending down (right) ureter to the bladder, with frequent urging to urinate. *Urine scanty, high-colored, and deposits a red or yellowish-red sandy sediment;* hæmaturia from gravel. Chronic bronchitis. Palpitation of the heart. *Severe backache, relieved by passing urine.* Violent pains in the small of the back, with stiffness. *Burning, like coals of fire, between the scapulæ.* Finger-joints swollen and inflamed; tearing pains in the joints and phalanges. Rheumatic pains and stiffness in the legs, relieved by motion. Cramps in the calves and toes. Burning of the palms and soles. Localized anæsthesia, with formication. Weakness and lassitude. Restless, dreamy sleep. Urticaria. Pruritus. Papular, vesicular, and pustular eruptions. *General aggravation from* 4 *to* 8 P.M.

Sepia.—Dunham* gives the following indications: Mental depression or irritability. Dull frontal or occipital headache. Vertigo. Obscuration of vision. Ringing, singing, and roaring in the ears. Tongue feels too large, coated brown or yellow. Putrid, insipid, or bitter taste in the morning. Good appe-

* Lectures on Materia Medica.

tite but loathing of meat; sudden craving for food, followed by sudden satiety; abdomen very much distended after the least bit of food. Feeling of weight or soreness in the hepatic region, worse from lying on the left side; stitching pains in the liver; long-continued pain under the right shoulder; *yellow spots on the face and a yellow patch over the dorsum of the nose.* Constipation, with bleeding and weight and pain in the rectum; hard stools; fæces covered with mucus; followed by slimy, bilious, or catarrhal stools. Hæmorrhage from the rectum. *Increased specific gravity of the urine, which deposits uric acid and urates.* Feeling of rawness in the posterior fauces. Coughing spells in the morning, with either difficult expectoration or copious sputa easily raised; harsh, dry cough. Tightness and constrictive sensation in the chest. Palpitation of the heart, with intermission in the pulse-beat and pulsations in various parts of the body. Weakness and aching in thighs and legs; general weariness and prostration in the joints. Cramps in the calves at night. Disturbed sleep. Vesicular, papular, and pustular eruptions.

Since homœopathic literature is comparatively silent upon the therapeutics of lithæmia, I may be allowed to state briefly the conclusions derived from personal experience. The remedies of the second and third classes are excellent palliatives, and may also prove useful for removing certain symptoms, which persist after the urine has become normal. For radical cure, however, we must look to one of the four drugs whose symptomatology is given above. Berberis, Lycopodium, and Sepia are serviceable when indicated by their characteristic symptoms. But the great remedy for lithæmia, the one which most accurately corresponds to the "totality" of the morbid phenomena, and which we may prescribe with confidence in at least two cases out of three, is *Cantharis.*

A REPORT OF FIFTEEN TRACHEOTOMIES, WITH REMARKS.

BY CHARLES M. THOMAS, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

Case I.—A high tracheotomy was done for the supposed presence of a foreign body in the lower air-passages. The failure to discover it was followed, in a few days, by its impaction in the glottis and removal through the dilated tracheotomy opening.

Perfect recovery took place, and the child is still living.*

Case II.—A girl about 6 years old, a patient of Dr. Walker, of Germantown, had been suffering for three days with gradually increasing difficulty of breathing and the usual symptoms of diphtheria.

At the time of operation had entered the second stage of the disease, but showed a fair pulse and tolerable strength. The operation was uncomplicated. Patient reacted moderately well, but died from apparent heart failure within twenty-four hours.

Case III.—A boy, patient of Dr. William C. Goodno, æt. about 4 years; previously in robust health; had run rapidly into the second stage of croup when the operation was performed without complication.

Recovery was uninterruptedly good.

Case IV.—A patient of Dr. Jacob Earhart, a little girl aged about 2 years, had presented for ten days the symptoms of membranous laryngitis. Tracheotomy was done in early evening, with the patient suffering rapidly recurring suffocative attacks and persistent cyanosis. Reaction from operation good, but death took place in the early morning with all the symptoms of mechanical obstruction in the trachea; possibly due to clogging of outer tube of canula, which was defective in having the same length as the inner.

Case V.—Mrs. Q., æt. about 28 years, had been under treatment off and on during two years for chronic œdema of larynx from probable perichondritis syphilitica. At the call of her physician, Dr. W. A. Reed, I found her suffering under an acute œdema of larynx, struggling for her breath and becoming rapidly cyanotic.

A tracheotomy superior was done without delay and followed by prompt relief.

The only difficulty met with in this case, was the great depth of the trachea from the surface, owing to the decided adipose state of the patient. The beneficial effect of rest to the larynx in such cases was well illustrated here, as after a three-weeks wearing of the tube she was most decidedly improved over her previous state, both in voice and respiration, and has remained so ever since, now about four years.

Case VI.—Was called by Dr. A. R. Thomas to see the four-year old daughter of Mr. Y. Her symptoms, which had

* This case was published in the Pennsylvania State Society report for 1875.

existed and gradually increased in severity for three days, pointed decidedly to a putrescent form of membranous laryngitis.

The respiratory symptoms being extremely urgent, a tracheotomy inferior was done immediately. The relief to the little one's sufferings was prompt and delightful to witness, but indications of blood-poisoning appeared in about twelve hours, and inside of twenty-four hours the case resulted fatally.

CASE VII.—Mrs. W. had been under my care for chronic perichondritis with general œdema of the larynx but a short time when I was called suddenly to her by a message stating that she was suffocating. I reached her about 5 A.M. and found her just recovering from a third paroxysm of frightful dyspnœa. Fearing from the condition in which I found the larynx that another attack might in my absence prove fatal, I immediately did a high tracheotomy.

Here, as in Case V, I was obliged to cut very deeply through fatty tissue before reaching the trachea.

In this case occurred the only accident I have ever experienced during tracheotomy. The shoulder of the canula, after its insertion, became entangled in the sleeve of either my assistant, Dr. Van Lennep, or myself, was dragged from its place and thrown to quite a distance on the bed. To appreciate the anxiety of the operator in such a situation and the difficulty necessarily met with in replacing the tube in a rapidly moving trachea, lying at the bottom of a deep wound, more or less masked with blood, and with the patient fighting in a semi-anæsthetized condition, it is necessary that one should at least be an eye-witness of the occurrence.

Recovery took place much as in Case V, and with the same permanent good results to the laryngitis.

CASE VIII.—A little girl, patient of Dr. Posey's, had been ill for thirty-six hours, with rapidly recurring paroxysms of strangulation and barking cough. Although a brother and sister had died of diphtheria but a few days before, there was then no sign of that disease in this case.

The child was quite strong and at times cheerful, with good pulse and moderate fever. After the operation, for twenty-four hours patient did remarkably well, and although feverish, complained of nothing and showed a tolerable appetite.

From this time, however, the child began to grow weak, developed a fœtid breath, swollen neck, and inside of forty-eight hours died as a diphtheritic case.

CASE IX.—A little girl of 5 years, a patient of Dr. McLeod,

ran a course very similar to Case VIII, excepting that there had been no known exposure to diphtheria.

The operation, a low tracheotomy, was only beneficial in keeping the patient free of suffering during the thirty hours in which she lived.

Case X.—A female child of about 2 years, of exceedingly poor parents, living in squalor, had been treated for membranous croup by Dr. Scudder, then a student of medicine, under the direction of Dr. P. Dudley. At the time of the operation it was on the third stage of the disease. The opening of the trachea was followed by most satisfactory relief to the suffering, but a fatal issue occurred within about twenty-four hours.

Case XI.—Under the joint care of a number of medical students was a male child 4 years old, who showed the prostration, etc., of diphtheria, although no membrane or marked swelling of the lymphatics was apparent.

The dyspnœa was entirely relieved by a high tracheotomy, according to Bose, and the child made a perfect recovery.

Case XII.—Occurred in the practice of Dr. C. B. Knerr, and was diagnosed by him and others as membranous croup.

A Bose tracheotomy was followed by a tedious recovery. On opening the trachea a tough membrane was noticed, and a portion removed. About a week after, the ununited wound around the canula became covered by an apparently diphtheritic membrane, which but slowly came away as the child grew better.

Case XIII.—An otherwise healthy male child of 4 months, in the care of Dr. Betts, developed a slow inflammation of the left upper cervical glands, with such marked enlargement and induration as to endanger its life through pressure on the larynx.

A high tracheotomy was made with some little difficulty, owing to the limited field of operation caused by the encroachment of the gland, and the little one made a slow but perfect recovery.

Case XIV.—Was a 4-year old girl, under the care of Dr. Barnes, of Rising Sun, whose breathing had become gradually obstructed by a post-pharyngeal abscess and a consequent general œdema of the parts about the glottis.

As the child was very weak from constant suffering and want of nourishment, and was in acute asphyxia at the time of my visit, I did tracheotomy high without delay. Immediately upon recovery from the anæsthetic the patient showed marked

signs of improvement, and within twelve hours was eating well.

Thirty-six hours later the abscess was incised, and the child made a slow recovery.

Case XV.—Was a girl, æt. 4 years, who was admitted to the West Philadelphia Children's Hospital with what was supposed to be undoubted croup. The operation was an entirely clean one, and satisfactory in its immediate results, but in about twenty-four hours, swollen glands, fœtid breath, prostration, weak heart, etc., set in and ended in death on the fifth day from operation.

The above cases may be tabulated, as follows:

	Recovered.	Died.
Foreign body,	1	
Œdema of glottis,	2	
Adenitis,	1	
Pharyngeal abscess,	1	
Diphtheria or croup,	3	7
Total cases,	8	7—15

Although the number of cases here given is too small to be of decided worth as statistical material, still their report, with the favorable results obtained even in cases usually looked upon as hopeless, may possibly place the operation in a more promising light before some who are inclined to discountenance it, particularly in diphtheritic cases.

In criticising the value of this operation, I believe we do not sufficiently well recognize the fact that tracheotomy in most cases fulfils but one or at most but a few of the indications to be met in the diseased process, and that the ultimate result of the operation, in reference to cure or death, must of necessity depend much more upon the character and essential nature of the disease itself, or its remaining symptoms, with which latter a tracheotomy can have but little influence for or against. In other words, in but a very small group of cases is the disease, for which tracheotomy was called for, overcome as a whole, by the opening. Out of 100 cases of undoubted croup we might expect that 68.49 per cent. would terminate fatally, and 31.51 recover; 10 without tracheotomy and 21.51 after the operation.

"At the hospital for sick children (London), from 1864 to 1876, 60 cases of croup and diphtheria were operated on. Of these, 21.6 per cent. were successful."

In the first series of cases (36 in number) reported by Trous-

seau in 1835, there were 9 recoveries. "Before his death he published a series of 466 cases, occurring in the Children's Hospital in Paris, and in these there were 126 recoveries, or 1 in 4."

Guersant reports 171 cases, with 36 recoveries, or 21 per cent. of the total. Hence the great difficulty in establishing a useful mortality table for this procedure. Since the mortality attending it must then depend to a great extent upon the fatality of the disease calling for it, the present profitable inquiries will be directed to the question as to what influence it may have in hastening or checking the unfavorable course or tendency of certain diseases.

As the position of tracheotomy seems to be less certain in reference to membranous laryngitis than in any other disease, I probably cannot better or more briefly fix its value here than by quoting a few series of cases and operations at the hands of various well-known operators.

Mackenzie, in his recent work on the Throat and Nose, says: "Probably not more than 10 per cent. of the patients recover under suitable treatment, without tracheotomy.

"In this country (meaning England) tracheotomy is comparatively so little practiced in croup, in proportion to the number of cases, that all the remainder prove fatal.

"If, however, the remaining 90 per cent. were tracheotomized, 66 per cent. might recover, according to the most favorable statistics,* or, according to an average based on 4663 cases operated on in the Children's Hospitals of Paris, 23.91 per cent."

Accepting the latter figures,

Barthez, in 1869, reports 573 cases in hospital practice, from 1855 to 1865, with 160 recoveries, or 28 per cent.

Among the German surgeons,

Roser, for example, reports a recovery percentage of 45.

Uhde gives 21 recoveries out of 81 cases, or 25 per cent.

Krönlein gives 504 cases from Langenbeck's Clinic, Berlin, from 1870 to 1876, with 147 recoveries, or 29.2 per cent.

Billroth, on the other hand, in his *Chirurgische Klinik*, from 1871 to 1876, reports 18 operations with but 2 recoveries.

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* He here refers to 166 cases of tracheotomy in croup, with 110 recoveries, reported by Dr. Solis Cohen, from selected individual series of cases in private practice.

HISTORY OF FIVE TRACHEOTOMIES.

WITH SOME REMARKS UPON MEMBRANOUS CROUP *vs.* DIPHTHERIA.

BY W. C. GOODNO, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

CASE I.—F. W., æt. 5 years. Was seized with croupous symptoms. During the succeeding four days I treated him to the best of my ability, the stenosis constantly increasing. No material improvement following the use of any remedy or means employed. Death seeming imminent, I called Dr. C. M. Thomas in consultation, who sanctioned immediate tracheotomy as the only means likely to afford relief, although quite hopeless of a good result. Slight etherization was produced, and I immediately opened the trachea. The operation was practically bloodless, and the child endured it well. A rubber-tube was introduced, a small quantity of mucus only having been ejected from the trachea; the child breathed easily for a short time, but died within the hour.

Facts of interest connected with this case are, that cases of diphtheria preceded it in the same house, and existed extensively in the neighborhood at the time. Exudation appeared in considerable quantity during the last two days in the pharynx. There was no involvement of the lymphatics until the last day. The pulse was weak during the greater part of the attack. Post-mortem examination revealed little membrane in the larynx and trachea. What there was was thin, filmy, grayish, and resting upon a mucous membrane which was swollen from inflammatory exudation into its substance. The lungs were normal.

CASE II.—M., æt. 2 years. Had exhibited croupous symptoms for twenty-four hours, previous to my first visit. After three days of ineffectual medication, cyanotic symptoms appeared, and tracheotomy was performed. After consultation with several physicians, Chloroform was freely used, and not more than a teaspoonful of blood was lost. The trachea was entered without difficulty, a small quantity of membranous exudation and frothy mucus being ejected. The trachea was lined, as far as inspection could be made, by a tolerably firm false membrane quite firmly adherent (to the mucous membrane). Immediate relief followed. The cyanosis disappeared, and the breathing was easy. Everything progressed well until about forty-eight hours after the operation, when a tough secretion plugged up the tube and formed *en masse* below its lower extremity; removal and cleansing of the inner canula consequently afforded no relief, necessitating the com-

plete removal of the tube and the cleaning of the trachea with forceps and mops. At this period membrane appeared in considerable quantity upon the tonsils and adjacent parts, attended by some swelling of the lymphatics at the angle of the jaw; cough became frequent, with free expectoration and fever with increasing respirations. The lungs manifested apical solidifications, particularly upon the left side. The neck about the wound presented an excoriated appearance with small acne-looking spots here and there for fully two inches upon either side; near the incision the surface was purulent; an offensive odor was now present, with the increasing pneumonic and cutaneous symptoms. *The pulse began to weaken*, became exceedingly rapid, accompanied by slight cyanosis, and death six days after the operation.

There are several points of interest in this case. It occurred in a family of small children (three under 5 years old). Cases of diphtheria preceded it a few weeks, and there have been at least four cases since. Up to the time of operation the case presented the indication of the so-called membranous croup; the pharynx was clear, the pulse was good, and did not falter until cyanotic symptoms supervened; it improved after tracheal section and did not again fail until membrane appeared in the throat, conjoined with pneumonic solidification and extensive purulent inflammation of the skin of the neck with glandular involvement. Post-mortem examination revealed a larynx occluded by swelling of the mucous and submucous tissues, covered by a thin deteriorated membrane, which of itself was insignificant as compared with the changes in the subjacent tissues. The entire trachea was lined by a grayish layer of varying thickness, extending also through the primitive bronchi; the upper portion of the left lung was extensively solidified, as well as the right to a much less extent, and presented the usual appearance of broncho-pneumonia, as seen, for instance, in measles. The heart was filled with dark clots; urine did not contain albumen. I well remember a case of Dr. Thomas's corresponding closely to this one.

Case III.—Female child, æt. 6 years. Was seized with croupous cough, and difficult breathing, and the usual symptoms attending "membranous croup." The case steadily grew worse. Cyanosis set in, and death seeming imminent, I opened the trachea upon the fifth day of the disease. The operation was almost bloodless, soiling a small napkin slightly; ether was unnecessary. The breathing was relieved, but the child died an hour later. As in Case I, the operation was delayed until too

late to be of benefit. Post-mortem, slight exudation was found on the lower part of tonsils and about the mouth of the larynx, a thin membranous exudation extending throughout the larynx and upper portion of trachea. Great swelling of the mucous and submucous tissues almost entirely occluded the glottis.

Points of Interest.—This case occurred in the same neighborhood as No. 2, during an extensive epidemic of diphtheria, nevertheless it was a typical instance of "croup." In this case, more than in any of the five, there was "weak pulse" and prostration, such as is put forward prominent among other conditions as so conclusive an evidence of diphtheria. It did not differ materially from Case II, up to the time of operation, and there is no reason for believing that had the operation been done earlier and the patient spared a few days longer, pronounced diphtheria might not have been developed.

Case IV.—Was a girl, æt. 5 years, a case of Dr. C. F. Goodno's, which he had treated for four days, with constant increase of symptoms. During the first two days, membrane was not visible in the pharynx; there was simply croupy cough with fever; then a grayish membrane crept up into the pharynx, and covered the lower portion of the tonsils and adjacent parts, in patches. At the date of my visit (fifth day), there was some enlargement of the lymphatic glands at the angle of the jaw; the child was cyanotic, weak, and with a very weak pulse. Tracheotomy was done at once (3 P.M.), with relief of the breathing and improvement in color and pulse. The breathing was perfectly easy all night, but the child rallied only slightly for a few hours, and died in the early morning. A post-mortem was not made in this case.

The points of interest are,—the laryngeal origin, with extension to the pharynx, attended by lymphatic enlargement, weak pulse, and prostration almost from the beginning. In this case it will be observed that the membrane extended to the pharynx before the operation, but death occurred before profound indications of blood-poisoning.

Case V.—Male child, æt. 4 years. Sick for five days with croupous symptoms. Marked cyanosis with failure of strength suggested tracheotomy, which was performed. Immediately relief followed the operation, the strength improved, and all went well for thirty-six hours, when pharyngeal exudation accompanied by great swelling of the neck occurred, the wound became purulent as well as the surrounding cutaneous surface, the membranes darkened in color, the strength failed, and death occurred on the ninth day.

Partial post-mortem showed a putrid membrane upon the pharynx, larynx, and trachea, with swelling of sub-membranous structures, the skin about the tracheal wound excoriated, and, near the incision, covered with a pus layer.

Points of Interest.—Development of marked diphtheria after a tracheotomy for so-called croup.

As this report is made to the "Bureau of Surgery," I have confined myself to the narration of five cases of membranous laryngitis in which tracheotomy was performed. Were the occasion different, I might add a number of equally interesting cases bearing upon the questions I would especially call your attention to. They are, 1st. The unity of membranous croup and diphtheria; 2d. Inflammatory thickening of the mucous and sub-mucous tissues, the principal factor in the production of laryngeal stenosis in membranous laryngitis; and 3d. The special value of tracheotomized cases in tracing the unity.

CHANCRE VS. CHANCROID.

BY W. B. TRITES, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

CONFUSION has characterized venereal surgery from the days when the hosts of Charles VIII. of France discovered the disease about the beleagured walls of Naples, down to the present time. Theory has followed theory, and hotly contended disputes have but added to the uncertainty. In the old school the pathology of the disease is the point of contention. Among ourselves we add to a confused pathology, an uncertain treatment, and strangest of all, report results as opposite as the poles.

Jahr* treats chancre with Merc. sol.^{30} in half-grain doses repeated three times a day, curing his patient and preventing secondary manifestations.

Baehr† employs the same remedy in the same way, but reports secondary symptoms as following almost constantly.

Yeldham‡ believes that secondary symptoms will follow, whatever treatment is used.

Morgan§ mentions 58 cases treated by Merc. sol., of which only 12 had secondaries.

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* Venereal Diseases, p. 114.
† Hughes's Therapeutics, vol. i, p. 173.
‡ Homœopathy in Venereal Diseases, p. 96.
§ Contagious Diseases, p. 101.

Berjeau,* following in the footsteps of Jahr, teaches the curability of syphilis in its primary stage. With results so diverse, it is but natural to seek the cause of diversity, and to ask the physicians of to-day whether such varied results still follow treatment.

My object in writing this paper is to elicit this experience. If possible to arrive at some conclusion which shall be at least definite, and exhibit the views of the profession upon these vexed questions.

In order that we may fully understand each other, allow me briefly to state the diagnostic differences between chancre and chancroid, for I believe the confused results quoted above are due to careless diagnosis.

Chancre, I understand to be the initial lesion of syphilis. *Its most distinctive symptom is its indurated base.* The feel of an indurated sore has been well described as similar to what one would feel, were a split pea buried beneath the tissues. But the split pea variety is not constant; we may have in its place only a parchment-like thickening of the base, of short duration and quite difficult of detection, this variety being most apt to accompany chancres of the mucous membrane.

A stage of incubation of at least ten days is absolutely essential to the diagnosis of an infecting sore. The time of incubation is generally longer than this, three weeks often elapsing between the last coitus and the appearance of the papule, while cases are reported in which the sore appeared as long as seventy-two days after the last sexual act.

Induration of the lymphatic glands in anatomical relation with the sore is another constant symptom of chancre. Several glands are usually involved, and are felt as hard bodies, freely movable under the skin; are not tender to the touch and *never suppurate.*

The chancre commences in all cases as either a *papule* or a *tubercle*, and is usually *single.* If more than one is seen, on inquiry it will be found that *both have existed from the beginning.*

The secretion from the small ulcer which eventually appears on the papule, is *scanty* and *serous*, and is *never inoculable upon the person bearing the sore.*

A chancre has no tendency to destroy tissue, hence the ulceration which it exhibits is usually small and insignificant, never penetrating the entire thickness of the skin. There is

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* Syphilis, by Berjeau, p. 93.

nothing about its appearance which would indicate its destructive powers.

It has been aptly compared to a fortified citadel, containing within its walls an almost inexhaustible store of implements of destruction, and from which forays are continually made, spreading ruin and destruction throughout the frame. A truthful comparison, but let us not forget that this citadel, stocked with woes and infirmities as it is, may appear as harmless and innocent as a dovecote.

A single venereal sore, commencing as a papule or a tubercle, with a scanty serous discharge, not inoculable upon the patient, appearing ten or more days after a suspicious intercourse, its base indurated, the lymphatic glands in anatomical relation hardened and enlarged, freely movable under the skin, painless and not tending to suppurate, is, as I understand it, a chancre, the initial lesion of syphilis. It is, so far as my experience goes, always followed by constitutional symptoms, known as secondary syphilis, no matter what treatment is used.

Chancroid, I understand to be a contagious venereal sore, distinguished from the initial lesion of syphilis by the following characteristics:

It has no real stage of incubation. It may appear to incubate, but the time, so elapsing, is not devoted to incubation, but to penetration, for if the secretion from a chancroid be deposited in an abrasion, the development of the sore will take place immediately. The appearance of incubation is caused then by the slow penetration of virus, deposited upon unbroken integument. This period rarely exceeds ten days,* a fact of great importance in determining the character of the resulting sore.

The base of a chancroid is never indurated, but on the contrary is found to be soft and pliable. This peculiarity has given the name of "soft sore" to this form of venereal ulcer.

The neighboring lymphatics *may* become involved, *but not necessarily.* If they do, the involvement may be of two kinds, either a simple adenitis, the result of irritation, or a virulent bubo from the absorption of chancroidal virus. The first may be resolved, but the second resists all treatment and invariably suppurates. The enlarged ganglia in chancroid are tender to the touch and are not movable under the skin, being imbedded in inflammatory tissue.

A chancroid develops as a pustule surrounded by an inflam-

* Of 381 cases carefully noted by Fournier, Millet, Debauge, and Sturgis, 310 developed chancroid within eight days after coitus.

matory aureola. If the top of the pustule be removed, an ulcer will be found, penetrating the whole thickness of the skin. Its edges are abrupt, jagged and undermined; its floor, of a grayish color and of an uneven, worm-eaten aspect. The discharge is much more copious than in chancre, and of a sanious character, often puriform; it is freely inoculable upon the patient, hence it is a rare thing to have a solitary chancroid. They are usually multiple, and in every stage of development, from the initial pustule to the destructive ulcer.

The tendency of a chancroid is to destroy tissue, and thus rapidly increase in size; hence the soft sore is more formidable in appearance than the chancre, it is also more painful.

A venereal sore, usually multiple, commencing as a pustule, not later than ten days after a suspicious coitus, frequently earlier, secreting a copious, sanious discharge, freely inoculable upon the patient, its base soft and pliable, with no certain tendency to involve the lymphatic ganglia in its immediate vicinity, is, as I understand it, a chancroid. A purely local disease, and whether treated or not, is *never followed by constitutional symptoms.*

In the treatment of chancre, Mercury in some of its forms is demanded; this, combined with cleanliness, nourishing food, and regular habits, will place the patient in the best possible condition for the long siege, which in all probability lies before him.

The treatment of chancroid is purely local; a good escharotic, like fuming Nitric acid or Carbo-sulphuric paste, thoroughly applied to the pustule, converts it into a simple ulcer, which rapidly heals by granulation. Iodoform applied to the chancroid will in some cases so destroy its contagious character that healing will take place without resorting to an escharotic.

Miscellaneous Contributions.

DISCUSSION ON PSEUDO-MEMBRANOUS CROUP.

By the Philadelphia County Homœopathic Medical Society.

REPORTED BY CLARENCE BARTLETT, M.D.

Dr. Mohr could not yet believe in the unity of croup and diphtheria. If he understood the papers of Drs. Thomas and Goodno aright, the patients who died after tracheotomy had died from the effects of diphtheria. In one case the symptoms of diphtheria seem to have supervened after the tracheotomy,

and the history of the case makes it possible that the patient contracted diphtheria after the operation, as diphtheria prevailed in the neighborhood in which the child lived. It seemed to him that in laryngeal diphtheria tracheotomy was of no avail, whilst in membranous croup it was often absolutely necessary to save life, and should be oftener and earlier resorted to than has been customary. Some authorities, who have paid special attention to these diseases, still give a differential diagnosis between the two. They say that in croup the false membrane is merely an exudation superimposed on the mucous membrane, while in diphtheria the mucous membrane and the false membrane above are closely incorporated. Has the experience of Dr. Goodno and other gentlemen present who have made post-mortem and microscopical examinations in these cases confirmed this observation?

Dr. Dudley considered tracheotomy a Godsend. If a child of his had diphtheritic croup and he knew death to be inevitable, he would have tracheotomy performed, if only to prevent death by slow suffocation. In the case referred to by Dr. Thomas as having been under the charge of Dr. Dudley, there were two other cases of membranous croup in the same house, one of which died, the other recovered. Tracheotomy was not performed in either case.

Dr. Bigler asked if the first case was not one of diphtheria.

Dr. Dudley replied that it was called membranous croup. There was no membrane in the pharynx, and the only discoverable cause of death was heart-clot.

Dr. Bigler could not believe in the unity of the two. The main objection to the unity of the two is the want of infection in membranous croup. When diphtheria has entered a household other members of the family will have a throat trouble at least, if not a true diphtheria. The cases referred to by Dr. Goodno could not be diagnosed as membranous croup. If they had occurred when there was no diphtheria, the diagnosis would be better warranted. The idea of the unity of the two diseases is not old. If there is any change in the unity, it is due to change in the disease.

Dr. Trites had treated cases of diphtheria and croup, but prior to the year 1875, he had never seen a case of diphtheritic croup. In that year he had a number of cases of diphtheritic laryngitis. Ever since then, whenever he had a case of membranous croup, he found diphtheritic symptoms, when post-mortem examination was made; the membrane was not

attached, it was loosened. The mere looseness or attachment of the false membrane to the mucous membrane is of small importance in diagnosis. In one family Dr. Trites was treating four cases of diphtheria. The youngest child was apparently well in the morning although the throat was examined. In the afternoon the child died with all the symptoms of membranous laryngitis. The two diseases must be identical.

Dr. Ingersoll had had charge of one of Dr. Thomas's tracheotomy patients, when resident at the Children's Hospital. A day elapsed after the operation before the child was admitted to the hospital. The day after that, the membrane appeared on the wound. None of the other children in the hospital were affected with it. That membrane, if it was diphtheritic, was not such as to produce infectious material. Membrane may occur in the larynx without being so infectious as that occurring in the pharynx, when the glands of the angle of the jaw are so much swollen and enlarged. The reason why post-nasal diphtheria is so contagious is because of the glandular involvement and the pouring out of material which is infectious.

Dr. McClatchey said that the highest authorities on diphtheria have decided that the two diseases are identical. But we all know how specialists are apt to run to extremes, and how they will bend everything in the direction of their specialty. There are many who do not agree with Mackenzie. There are many points in the clinical history of membranous croup which cannot be reconciled to the idea that it is diphtheritic. In membranous croup there are no indications of a constitutional disorder. Diphtheria is a constitutional disease with local manifestations. The constitutional symptoms may kill alone. In croup the danger is from the local symptoms. In croup the false membrane is imposed on the mucous lining of the air-passages; in diphtheria it is not only imposed on the mucous membrane, but is incorporated with it. In croup there is no fetor, no gangrene, no constitutional symptoms except fever. There are many points which show the differences between the two diseases.

Dr. Ivins said that if we are allowed to accept the pathological side of this question, the diseases are identical. Heitzman says that the theory that in croup the false membrane is situated on the mucous membrane, and in diphtheria involves it, has been exploded. Wagner gives the same report. According to Da Costa, the membrane of diphtheria starts in the pharynx, and may proceed downwards; whereas, in croup it

begins in the trachea or larynx, and may extend to the pharynx. Mackenzie says that only in ten per cent. of the "croup" cases does the membrane commence in the larynx. It usually starts in the pharynx so low down that it can only be seen by the aid of the laryngoscope.

Dr. Morgan asked regarding the bacteria in the two diseases.

Dr. Ivins replied that the bacteria are similar in both. Authorities, however, disagree on this point. According to Mackenzie they are the same.

Dr. Dudley had under treatment a little girl aged eight years, who was taken with croup. He examined the pharynx at the first visit, but found nothing wrong excepting the redness that is ordinarily seen in cases of spasmodic croup. The next day the child was no better if not worse. It did not improve for several days. One day the mother called his attention to an abrasion on the child's knee, which was covered by a membrane the size of a silver half-dollar, and was apparently diphtheritic. Surrounding this was a reddened surface. The true nature of the disease was now apparent. It was one of laryngeal diphtheria, yet no constitutional symptoms of diphtheria were present.

Dr. Goodno said that the mere fact that the membrane in membranous croup does not infect the pharynx is no proof that it is not diphtheria. Our microscopic knowledge of the diphtheritic and croupous membranes depends upon the investigations of the German school carried on by Virchow, who was the first to declare that there was a difference in the two membranes. He thought that the croupous membrane was superficial, and that the diphtheritic membrane was developed in the substance of the mucous membrane, and when removed took away a portion of it. Virchow abandoned this assertion, as he found afterwards that in croup the removal of the false membrane took away a portion of the membrane beneath. Frequently the membrane in diphtheria was superficial. He then advanced the theory that there was a necrosis of the submembranal tissues in diphtheria. But he has given that up also. So he comes back to the position of the French pathologists, that there is a simple identity of the membranes, which is the position also held by the English pathologists. The leading students of the day acknowledge the unity of the two lesions. Dr. McClatchey speaks of the severe constitutional symptoms of diphtheria. Dr. Mackenzie denies that positively. He says that he has seen as profound constitutional symptoms

in membranous croup as in any case of diphtheria. The absence of sloughing of the sub-membranal structures in "croup" is due to the fact that the mucous membrane of the larynx is not largely supplied with lymphatics. There is a gland at the greater horn of the hyoid bone, and one down the side of the trachea, showing distinctly that in croup the disease is boxed up in the larynx. There is not a free communication between the larynx and the lymphatic system generally. Dr. Bigler suggests that there could not be a unity, because in croup the remaining members of the household were free from the disease, whereas, in diphtheria, there will surely be a spread to others. For every case of membranous croup in which other members of the household were free from contagion, which Dr. Bigler will show, he (Dr. Goodno) would show a fatal case of laryngeal diphtheria in which there had been no spread of the disease. It seems far-fetched to consider the diseases different.

THE REVIEW OF "ANTISEPTIC MEDICATION."

To the Editors of the Hahnemannian:

Your sharp and crisp review of Antiseptic Medication, or *Déclat's Method*, has fairly compelled the author to join in the laugh against himself. He has to admit that appearances are against him in his attempt to reconcile antiseptic medicine with homœopathy "pure and simple," but then you know there is homœopathy—and homœopathy.

I would not seem pharisaical, and yet I cannot shout loud enough my *deo gratias* that my homœopathy is not that of (some) other men, nor even as this *public one*, who can sneer in its behalf, at a theory so well established as the parasitical, nor is my homœopathy like that which applauded a certain microscopic Quixote, who, at Indianapolis, the other day, asserted that Koch had been mistaking fibrillæ for bacilli. Thank God for that too!

Seriously, it would be very lamentable if my ardor in the cause of homœopathy, and that of your reviewer in the cause of Momus had defeated my leading object, namely,—to induce my brethren to make a trial of the method in desperate cases, asking for some faith in it in advance, on the strength of an old worker's avouchment.

Respectfully,

Nicho. Francis Cooke.

Reply by the Reviewer.

It is one of the fortunate prerogatives of an editor either to refuse or to accept a reply to a book review. In this instance, our prerogative prompts us to accept, for several reasons. First, Dr. Cooke confesses that appearances are against him. Secondly, he admits that he only desires to induce his brethren "to make a trial of his method in desperate cases." Thirdly, he has been laughed at so much, even joining in the uproar himself, that we feel like permitting him to get off a joke at our expense, by calling us a "public one, who can sneer at a theory so well established as the parasitical."

But now that there's a lull in the laughter, we desire to inform Dr. Cooke, that he's "licking the wrong boy." The sneer was not directed against the admitted theories of parasitical growths but against Dr. Cooke's absurd attempts to demonstrate homœopathy.

And, lastly, if Dr. Cooke had read the whole of the Biblical reference he sees fit to divert from its holy use, possibly he would not have taken the side of the Pharisees.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

The stated meeting of the society was held on Thursday evening, October 12th, 1882, at the Hahnemann Medical College, the President, Dr. W. B. Trites, in the Chair. Eighty-eight physicians were present.

The minutes of the September meeting were read and approved.

Dr. A. R. Thomas, chairman of the Censors, reported favorably on the applications for membership by Drs. W. R. King, J. W. Thatcher, and L. B. Griffith, and thereupon these gentlemen were elected.

Dr. John K. Lee, chairman of the Committee on the Introduction of Homœopathy into Blockley Almshouse, reported progress.

Dr. H. Noah Martin, chairman of the Committee on the Homœopathic Treatment of Small-pox Patients in the Municipal Hospital, reported that he had made the necessary inquiries of Mr. John E. Addicks, health officer, and learned that a patient could not be treated by any physician outside of

the Municipal Hospital staff, except by permission of the Board of Health. Mr. Addicks said the success of the treatment was so good, that he did not think the board would permit a case to be treated by a selected physician, not even of the old school. Report accepted, and briefly discussed. Dr. Trites said, if he were attacked with variola, he should want to be sent to the hospital, but at the same time he should want to be treated by a homœopathic physician of his selection. Dr. Dudley thought the reply of Mr. Addicks was just what might have been expected; in it he simply begged the question. Of course, he and his board are satisfied with the existing rules, and unless these are disturbed by the just claims of the homœopathic fraternity, lay and professional, no good can come so far as homœopathy is concerned. Dr. Martin asked if any further steps should be taken, when several members thought the health officer should be requested to give his reasons as verbally stated, in writing. Dr. Mohr moved that the committee be continued and instructed to formally address the health officer on the question, in writing, and to report at the next meeting. Carried.

Dr. E. M. Gramm, chairman of the Committee on Night Medical Service, reported that his committee had brought the matter of the introduction of such service in this city to the notice of the proper committee of city councils, urging its adoption. The papers relating to the subject had been sent to Mr. Henry, chairman of the Committee on Police, through whom it can be introduced in councils. As soon as a personal interview can be had with Mr. Henry, the committee hopes to report greater progress. Report accepted.

Dr. M. S. Williamson, chairman of the Standing Committee on Subscription to aid in liquidating the debt of the State society, reported progress. Report accepted.

Dr. C. Mohr, chairman of the Standing Committee on Organization, etc., reported that on the question of the medical inspection of schools, he had received a communication from Mr. H. W. Halliwell, secretary of the Board of Public Education, which stated that the subject had been referred to the Committee on Grammar, Secondary, and Primary Schools, but that no action could be taken until conference was had with the Board of Health, and promising that notice would be given when they had acted. Report accepted. Dr. McClatchey thought this matter of the inspection of schools was a very important one, and hoped that the committee would soon be able

to make such a report as would induce a thorough discussion on the part of the members of the society.

Under new business, several members, rather informally, discussed the efforts made by U. S. Senator Cameron to so change the laws relating to the examination of applicants for the army and navy medical service, as to give all men, no matter what their medical opinion and practice, an equal chance before the law; and the unjust and bigoted editorials in medical journals, reviling the manly course of Senator Cameron, also excited some discussion. It was thought by some that the society should, by formal action, support Mr. Cameron, whilst others thought that all the support needed could be given by the legislative committee of the American Institute of Homœopathy, whose business it is to attend to this very matter. The whole question was finally referred to Drs. Farrington, Dudley, and Martin, with a request to report at the November meeting.

Dr. Eliza H. Lang, chairman of the Bureau of Pædology, announced her associates for the ensuing year to be Drs. Harriet S. French, John K. Lee, Mary Branson, and Theodore F. Conover.

Dr. Clarence Bartlett, chairman of the Bureau of Ophthalmology, Otology, and Laryngology, reported that the report in November would embrace papers on Laryngeal Stenosis, Ophthalmia neonatorum, Cyclitis, Treatment of Chronic Otorrhœa with Boracic Acid, etc.

Dr. C. M. Thomas, chairman of the Bureau of Surgery and Clinical Surgery, then made a valuable report, presenting the following papers:

a. Chancre *vs.* Chancroid, by W. B. Trites, M.D.

b. The Curability of Syphilis, by J. E. James, M.D.

c. A Report of Fifteen Cases of Tracheotomy, with Remarks, by C. M. Thomas, M.D.

d. The Pathology of Fatal Cases of Tracheotomy, by W. C. Goodno, M.D.

The report was accepted and referred for publication, and then discussed by Drs. Mohr, Bigler, McClatchey, Ingersoll, Dudley, Toothaker, Morgan, Ivins, Martin, and Goodno. The discussion hinged principally on the identity or unity of Laryngeal Diphtheria and Membranous Croup, and was continued until adjournment.

Dr. John E. James was appointed chairman of the Bureau of Surgery and Clinical Surgery for the ensuing year.

DIFFERENCES BETWEEN CALCAREA CARBONICA AND CAUSTICUM.

BY DR. BŒNNINGHAUSEN.

(Translated by S. Lilienthal, M.D., from A. H. Z., No. 14, 1882.)

1. AGGRAVATIONS: In Calcarea after midnight and mornings, in Causticum in the evening till midnight. The morbid sensations, when awaking, are alike in both, but especially so in Calc. when awaking and in the evening before falling asleep; Causticum has aggravation when waking up from the siesta.

2. In Calcarea before stool, angry irritability, and after it hebetude and lassitude. In Causticum before stool, anxiety, with heat and redness of face which continues some time afterwards.

3. Continued motion aggravates in Calcarea, but ameliorates in Causticum. The contrary takes place from excessive exertion during motion.

4. Drinking cold water aggravates in Calcarea and ameliorates in Causticum; a fact of importance in epilepsy.

5. Acid vomiting in Calcarea, watery in Causticum.

6. Thirst at night for cold water, but it disagrees, in Calcarea. The night-thirst of Causticum is soon assuaged and the water agrees.

7. Moisture, washing, getting wet, and cold weather aggravate in Calcarea; dry air and dryness give aggravation in Causticum.

8. Flabbiness of muscles point to Calcarea; tension of muscles to Causticum.

9. Lateral position < in Calcarea, dorsal position < in Causticum.

10. External pressure < Calc., > Caust.

11. Rubbing affected parts > Calc., < Caust.

12. Worse with an empty stomach: Calc., Sep.; better in Caust., Silicea.

13. One-sided chill, heat, or sweat: Caust.; a febrile, one-sided pain, especially at right upper and left lower parts: Calc.

14. Cough with expectoration mornings and during day, mostly dry in the evening: Calcarea. Expectoration nights, with frequent swallowing of the expectoration: Causticum.

THE
HAHNEMANNIAN
MONTHLY.
A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

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Vol. IV. Philadelphia, Pa., November, 1882. No. 11.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE PESTERED MAN OF EARTH.—The virulence of human saliva seems to have been proved. It is supposed to be due to micrococci. The human mouth is a culture-chamber, which is maintained at a constant temperature, and is furnished with a constant supply of pabulum, namely, saliva. These circumstances are highly favorable to the sustenance and multiplication of the micrococcus. If, now, it is asked why every man does not suffer from auto-inoculation, it may be answered that micrococci may kill an herbivorous animal, a rabbit for instance; but cannot destroy a carnivorous or omnivorous animal, as man. (See *Philadelphia Medical Times*, September 9th, 1882.) Most earnestly do we urge vegetarians to take timely warning! But what is to become of the genus *homo*, any how? Vibriones tickle his nose into hay-fever, the Bacillus typhosus gnaws at his bowels, the micrococcus diphtheriæ swells up his throat or clogs his larynx with fatal croup, sarcinæ invade his stomach, and micrococci envenom his saliva. If he eats a bunch of grapes, he must needs crunch the parasitic saccharomyces, adhering to the skins; and if he inadvertently exposes

the contents of his pantry to the open air, a blue-green mould from the Penicillium glaucum spreads itself over the best preserves; bubbles line the glass-jars, and wriggling organisms and motionless forms looking like beads on a string, sour his milk. The greed of the yeast-plant for oxygen is the cause of the raising of his bread, and the same craving on the part of the Mycoderma vini, supplies him with wine. But if he does not carefully watch these results of fermentation, mould gathers on one, and the other falls a victim to the spores of the viscous ferment and becomes thick, ropy, and unpalatable.

If he indulges in pork, trichinæ nestle cosily in his tissues, or the Cysticercus cellulosus develops into twenty feet of tænia to the discomfort of his alimentary canal. In infancy and childhood, thread-worms and lumbricoides disturb his sleep and torture him with colicky pains. Disease-germs expose him to whooping-cough and mumps, and threaten him with a long line of exanthemata; and when, the gauntlet run, he comes into youth, that fell destroyer, consumption, fed, if Koch is to be believed, by bacilli, leaves him but six out of seven chances of ever reaching the period of maturity. If, by good fortune, he escapes this danger, others meet him at every step. Through the parsimony and dishonesty of city officials, streets are filthy and sewers are imperfect. If he flies to the country, perchance a dry summer and an open winter permit the generation of miasmata. And even if he seeks the salubrious atmosphere of a sea-resort, defective sanitation poisons his bedroom or permits the discharges from a drain to empty a few yards from his bathing-place.

And finally, when he falls a victim to disease-fungi, or, happily escaping them, dies of good old age, his mortal remains are no sooner consigned to the grave than a host of maggots and kindred scavengers complete the work of devastation, and thus does the man of earth become converted into the numerous bodies of his numerous destroyers.

That Resolution.—The resolution adopted by the American Institute of Homœopathy, to the effect that no physician whose mental or professional liberty is restricted can do his whole duty to his patient, seems to have stirred up a good deal of bad blood. Most of the anathemas excited by the resolution, have been hurled at the head of the individual who offered it, instead of at the Institute which adopted it. Its author has been called harsh names and charged with several distinct sorts of dishonesty. Although we happen to be the individual in question, we shall not spend much time or space in defend-

ing an act which we would repeat to-morrow if occasion again required. It seems necessary, however, to reply to the charge made by the editor of the *Advance*, that "he"—the author of the resolution—"chose his golden moment, and, with the skill of a wily parliamentarian, thrust it (the resolution) forward when it might be sure to go through. On the *fourth day, just before adjournment*," etc., etc. (italics not ours).

We must plead guilty to the crime of offering that resolution "on the fourth day, just before adjournment." But we actually thought that the only proper time to present new business, was during the period especially set apart *for* new business, which, in this instance, happened to be "on the fourth day, just before adjournment." Perhaps the editor of the *Advance* thinks it should have been offered during the delivery of the president's address, or the reading of a bureau report, or, best of all, between the courses of the banquet, but at those particular times we were so intent upon other matters, that we really didn't think of it.

The editor of the *Advance* also says, "If the resolution already, in effect, stands upon the Code of Ethics of the Institute, why was it re-affirmed at this particular moment? This is a nice question, but it won't be answered by the mover, or the supporters of the resolution."

Won't it, indeed? Well, it was "re-affirmed at this particular moment" because "at this particular moment" public attention was being strongly directed to a struggle going on in the allopathic school on the question as to "*how far* the physician's freedom of medical opinion, and liberty of professional action" should be "restricted" by medical societies, and it was thought well to inform the public that *our* school tolerates *no* interference whatever, and that no physician so restricted can do his whole duty to his patients.

In our editorial on "The Consultation Question," *published a month previously*, we had said:

> "*Our* profession recognizes and asserts the fact that the physician is responsible to his conscience in the matter of consultation, just as in any other matters relating to his practice, and, therefore must be his own absolute master. It would seem that just now, when the allopathic profession and the world are intently listening for some utterance of our sentiments, we would do well to reiterate this doctrine in unmistakable tones. . . . Above all, we should say to the public at large, 'The physician who comes to you fettered by the laws of a society which you cannot call to account for his failures, proposes to measure his services to you, not by the measure of his ability, but by the limit of his society's permission, and is, to that degree, unworthy of your trust.'" (*Vide H. M., May* 1882, *p.* 308.)

The resolution is not couched in doubtful phraseology, and

no honest and intelligent homœopathic physician, conversant with the medical history of the last two years, could possibly mistake either its meaning or its object. The six members of the International Hahnemannian Association who have thus far pretended to misunderstand it (Drs. Wilson, Lee, Wells, Lippe, Pomeroy, and Berridge) are alarmed about it, not because they do not know it was intended to publicly rebuke the arrogance of allopaths, but because it might some day defy the intolerance of certain so-called homœopathists as well. It was not intended, however, for this latter object, but if it will serve such a purpose, so much the better; it makes us all the more proud that we offered it, and all the more glad that the Institute adopted it.

Homœopathy is so unfortunate as to have two classes of deadly foes,—foes without and foes within. And, strange to say, these two classes adopt the same plan of attack. They both strike at that liberty of thought through which alone homœopathy can ever hope to flourish, and insist upon shaping the medical belief of mankind to suit themselves. The fact that one of these classes seems afraid to declare its purpose, makes it none the less obstructive to the progress of medical, and especially of homœopathic science.

We cannot be too watchful in defence of our freedom of investigation and our liberty of medical thought, so bravely vindicated by the homœopathic fathers. If there is one fact in medical history better established than another, it is, that the greatest hindrance to the spread of homœopathy has been due to the shackles which its foes have placed upon thought and the restrictions they have imposed upon professional liberty, and we should be accounted idiots, if, after striking these fetters from our wrists, we should suffer members of our own school to rivet them on again. "If our school ever gives up the strict inductive method of Hahnemann," and accepts in its stead the dicta of societies or of men, "we are lost, and deserve only to be mentioned as a caricature in the history of medicine."

Three Exclusive Dogmas.—It has always been considered by allopaths an absurd, and perhaps a wicked thing for physicians to practice "under an exclusive dogma," as the homœopaths are said to do. Homœopathists, themselves, however, cannot see anything either absurd or otherwise wrong in such a practice, providing always, that the practitioner believes the "dogma" to constitute the best guide in the treatment of disease, and has arrived at such a conviction after due

examination and comparison. It cannot be questioned, that at least quite a large proportion of homœopathic physicians *have* made such examinations and comparisons. Trained in allopathic schools, and rendered expert by years of allopathic practice, they could scarcely have been driven to substitute homœopathy for their accustomed methods, against the tremendous force of prejudice, had not their comparative investigations revealed a substantial basis of reason for the radical change.

But these stalwart friends of medical progress are not in any improper sense, actuated by a spirit of exclusivism. They changed their methods, not because allopathy became any *less* valuable in their esteem, but because they had learned to trust homœopathy *more*. It was not an exclusion of allopathy, it was only a well-founded preference for homœopathy. There is not one of these brave and conscientious practitioners, but that would change his practice again, could he but find something better still than homœopathy. "Prove all things and choose the best," is their motto, and under it they have cheerfully accepted reproach and ostracism, and the loss of all hope of professional preferment. Can any allopath object to such a system of moral philosophy, and pronounce its practice knavish and absurd? It were well if the world had more of it.

It is always to be remembered that the charge of exclusivism is preferred, not against our application of a principle, but against the principle itself. It is "an exclusive *dogma*," not an exclusive *use* of the dogma. Yet what is there in the formula *similia similibus curantur* which excludes any other method of cure? Newton's "dogma" that "all bodies attract each other with a force directly proportional to their mass and indirectly proportional to the square of their distance asunder," did not amount to a declaration that no other agency could cause motion in matter; neither can the statement that "similars are cured by similars" be construed into a declaration that no other principle can be usefully applied in the treatment of disease or injury. The "dogma" itself, then, is *not* exclusive. The question as to the "*practice*" was considered in our October issue, and need not be referred to in this connection.

All this is preliminary. In a recent issue of the New York *Medical Times* we have a distinct statement that a physician, in order to be a homœopathist, must recognize and accept, not one dogma merely but, *three*, viz., the doctrine of similars, the "thirtieth" as the *best* "potency," and the psoric theory of

chronic diseases. This somewhat astounding statement is put forth by Dr. Piffard, an allopathist of some note, who is presumably acquainted with the dreadfully "exclusive" nature of dogmas in general, and of homœopathic dogmas in particular. Those who read Dr. Piffard's statement, as copied in our October issue, have doubtless been puzzling their brains to know just how exclusive that dogma may be which *must in*clude two other exclusive dogmas in order to make itself exclusive. Perhaps they are also wondering if each of the three excludes the other two, or each two excludes the other one, or all three exclude everything, themselves included. Hereafter, when two physicians prescribe Nux 30 for "gastric griefs," or Colocynth 30 for "peristaltic woes," it will be understood, if one cures and the other fails, that it is because one physician believes in the psoric theory, and the other "has his doubts;" that consequently one prescription was truly homœopathic, and the other must have been *allo* (another) pathic, of course.

Dr. Piffard claims that he bases his curious declaration upon the opinions of Hahnemann. Yet a careful review of the *Organon* reveals no such definition of homœopathy as Dr. Piffard gives. On the other hand, Hahnemann frequently speaks of the "homœopathic law," but never of "homœopathic laws:" of the "law of cure," but never of the "*laws* of cure." Moreover, as he preached and practiced homœopathy before he ever thought of "potentizing" drugs, and doubtless, also, before he ever adopted the psoric theory, it cannot be sensibly maintained that these latter are at all essential to the former, whatever value they may possess as "auxiliary principles" in the application of the law of cure. And, as if to settle all doubts, he almost expressly declares, in the introduction, page 35, and also in sections 24th to 29th inclusive, that homœopathy rests upon, and *is*, the application of remedies to disease upon the principle of similarity of symptoms and upon that only. It is thus seen that, between Hahnemannism and Piffardism, there is a striking dissimilarity. Hahnemann never said that the exclusive use of the 30th dilution, and a belief in the psoric theory were a part of homœopathy, and if he *had* said so it would not have been true. The fact is, Piffard obtained his crude notions about homœopathy, not from Hahnemann, but from somebody else.

Unsavory Journalism.—The *Independent Practitioner* of August, 1882, treats its readers to a burlesque on "that arch-humbug, homœopathy."

The article is introduced as if written by one A. B. *Lyman*, M.D., of Baltimore. Of course, this too, is a part of the burlesque, and serves as a key to what is to follow, so that the uninitiated may not be misled into the idea that there is any truth in the farce. Such an introduction, however, is hardly needed.

We detect a vein of irony running through the essay, the object of which is, perhaps, to excite the risibilities of the "independents," and the ire of the homœopaths.

So far as we are concerned, we are not in the least angry. We enjoy a farce, even if it is at our expense. But when we go to see a burlesque, we prefer first-class minstrels to a New York variety show. The one treats us to genuine wit and humor, the other disgusts us with smut and obscenity. The burlesque under consideration does not belong to the first class. Failing to make any palpable hit against homœopathy as a science and homœopathy as an art, the writer steps aside to present a nasty picture of a patient whose misdemeanors compel him to "walk with legs apart." And the whole show winds up with a specimen of so-called homœopathic obstetrics. A young unmarried woman, who applies to a homœopathist to be treated for dysmenorrhœa, "actually became pregnant after undergoing his strictly homœopathic mode of treatment."

The *Independent* claims that it "is not responsible for the opinions expressed by contributors." Nevertheless it *is* responsible for their words. And in this instance it illustrates that there is but a short step from legitimate independence into illegitimate libertinism.

A journal is supposed to furnish reading suitable to its subscribers. If the readers of the *Independent Practitioner* are satisfied with the specimen above mentioned, we certainly have no wish to withhold from them any well-merited compliments. It is comforting to know that all our *homœopathic* journals evidently circulate among *reputable* physicians.

The American Institute of Homœopathy.—There are indications that several of the bureaus of the Institute are already and vigorously engaged upon the preparation of their reports for 1883. All the others should at once fall into line, so that the papers to be presented may be not only well prepared, but be ready in ample time. These papers will all have to be upon one assigned subject for each of the respective bureaus, and brief synopses made must be of those to be offered for discussion, else they will be ruled out; for we already

hear intimations from more than one quarter, to the effect that at Niagara Falls the rules of the Institute must be rigidly enforced. If this is done, and if the *time* is equitably divided among the bureaus, there will be less occasion of complaint and unpleasant feeling than in former sessions.

Notes and Comments.

England and Wales contain about 75,000 persons registered as lunatics, or of unsound mind.

The American Medical Association is endeavoring to secure subscribers to a new journal, to take the place of its annual volume of *Transactions.*

"Bestiarians" is the title which Professor Owen thinks should be assumed by the anti-vivisectionists. He suggests the name in good faith and not, by any means, as a term of reproach.

A Certain Cure at Last.—"It is related of Marwood, the English hangman, that, being asked if he knew of a remedy for a cold, answered: 'Yes, one of my drops is sure to cure it.'"—*Philada. Progress.*

Soldiers' Conjunctivitis.—"Kranhik says that the causes of diseases of the conjunctiva in the army are: insufficient sleep, drill in the sun, too tight cravats and collars, besides bad air in the barracks, and diseases or irritability of the conjunctiva acquired before serving."—*Arch. of Ophthalmology.*

Work for the Bureau of Pharmacology.—The article in our "Gleanings" department, entitled "Adulterations of Drugs," will doubtless suggest important lines of investigation for the working members of the Bureau of Pharmacology recently appointed by the American Institute of Homœopathy. Let the good work be vigorously prosecuted.

Dangers of Skin-grafting.—The *Lancet* reports another case of syphilitic infection by means of skin-grafting. The process was followed by a general roseolous eruption and mucous patches in the mouth. The person from whom the grafts were taken subsequently confessed to a hard chancre (untreated) eighteen months previously, and mucous patches made their appearance subsequently to the graft cutting.

Bait for Ambitious Investigators.—Among the subjects on which prize essays are solicited this year by the French Academy of Medicine, are, "The Determination of the Clinical Value of Antiseptic Methods in Surgical Practice," "Is Tubercle of Parasitic Nature," "Influence of Seabathing in the Scrofula of Children," "The Discovery of a Cure for Goitre," "Discovery of a Cure for Diphtheria," etc.

More "Germs."—"M. Béchamp says that he has discovered living organisms in the gastric juice similar to the microzymes of the pancreas and liver. M. Gautier denies that these are living organisms, and states that they are merely protoplasmic granulations."—*Medical and Surgical Reporter.* If this thing goes on, the world will soon become intensely interested in learning where there are *no* living organisms.

Cause of the High Death-Rate.—"One of the curiosities to be seen at the London Dead-Letter Office is the following, written by a physician:

'This is to certify that I attended Mrs. —— in her last illness, and that she died in consequence thereof' "—*Ex.* We were once shown a death-certificate in the Philadelphia Health-office, in which the physician had evidently filled up the printed blank in a dark room, and had signed his name opposite the "Cause of Death," instead of on the line below.

The Alsace authorities publish a drunkard's list, and inn-keepers are forbidden to sell intoxicating liquors to any one so announced.—*Philada. Progress.* Such a list in one of our large cities would make a good-sized directory. And then, just to think of it, as one steps up to the bar, the inn-keeper inquires his name and gives him lemonade "with a stick," or "without a stick," according as he is on the black list or not. Of course, under the circumstances, he would not hesitate to give his true name!

Journal of Cutaneous and Venereal Diseases.—A new journal with the above name has just commenced publication, being issued by William Wood and Company of New York. Its editors are Drs. H. G. Piffard and P. A. Morrow. Its numbers will be issued monthly, and the subscription price is $2.50 per annum. Our readers who wish a good journal treating of these subjects especially, will do well to procure this one, although we cannot promise *much* pure homœopathy in its pages.

Spider's Web in Ague.—"The spider's web has long been known as a remedy in ague. The web is carefully gathered, dusted, washed, and dried in the sun, and pulverized. It is very slightly soluble in alcohol. Ninety-three cases are reported at one time as having been cured, and Dr. Oliva adds twenty-six more. It seems to have a special curative action on quotidian and tertian fevers, and two-gramme doses to adults, or one-gramme doses to children generally stops the illness at the second paroxysm."—*See New York Medical Abstract.*

A Paradise for Dead-beats.—"Dr. Gutmann, who is practicing in St. Petersburg, has been fined ten roubles, and condemned to a month's 'arrest' for having refused to visit a patient who urgently demanded his services, and who died while a doctor was being sought for. The chief point urged in his defence by Dr. Gutmann was that the person for whom his services were requested had fallen ill in consequence of having partaken of some injurious food, while his practice was confined to the treatment of the venereal diseases."—*Medical Gazette.* Wonder if the Russian government is equally careful to see that physicians are always compensated for their services?

Survival of the Unfittest.—"W. M. Williams makes a novel application of Darwin's notion of the survival of the fittest. He claims that if inebriates are permitted to indulge in alcohol they will sooner or later die out, and so society will be weeded of some of its trash; for all who are fit to survive as members of a civilized community, will spontaneously avoid intemperance, provided no artificial or absurd drinking custom is applied to them."—*Gentleman's Magazine.* But it should be remembered that in the death even of a drunkard, society may lose some most valuable elements of good. An inebriate is not *all* bad, and the good there is in him ought to be cultivated and made useful. If society will but do its plain duty to its members, and protect them by law against "artificial or absurd drinking customs," there will be less necessity for "weeding out." The "fittest" has no more *right* to "survival" than the unfittest. Moreover, it may be a question which *is* the fittest to survive, the drunkard, or his sober neighbors who, for a few dollars, license men to make drunkards.

State Medicine in Minnesota.—The Regents of the University of Minnesota are considering the practicability of organizing a medical de-

partment, in connection with their institution. The tendency is toward a non-teaching department—a medical censorship, calculated to elevate the standard of medical scholarship in the State. Dr. W. H. Leonard, one of our colleagues at Minneapolis, is on the committee appointed to consider and report on the subject.

We feel a natural delicacy (for obvious reasons) in commenting on this subject. But Dr. J. P. Dake, of Nashville, whose interests in the cause and work of medical education are certainly not circumscribed by local influences, and whose judgment on such matters none will question, expresses the view that "after the experience of the Regents of Michigan University, it is no wonder that wise and practical men hesitate to inaugurate a college of medicine in connection with a system of State education. So long as different medical systems prevail, it is better for the State to let the teaching of medicine alone. In a republic, State medicine, like State theology, is out of place."

New Publications.

Materia Medica and Therapeutics. Inorganic Substances. By Charles D. F. Phillips, M.D. Edited and adapted to the U.S. Pharmacopœia, by Lawrence Johnson, A.M., M.D. Two volumes, constituting April and May issues of *Wood's Library* for 1882.

We owe both the publishers and our readers an apology for our delay in reviewing Dr. Phillips's work, but circumstances conspired to prevent our giving it more prompt attention.

The first part of Dr. Phillips's *Materia Medica*, treating of vegetable remedies, was issued several years ago, and formed a part of *Wood's Library* for 1879. The long interval between the appearing of that volume and the present two is due to a serious railway accident, in which Dr. Phillips was so injured that he was incapacitated for any exertion for nearly two years.

In collecting material for his work, he drew extensively from new and standard publications, striving to present to the profession a digest of the newest and best, as well as of the old and tried.

Viewed from the standing-point of the homœopathist, there is much in these two books to praise, and much to condemn. Sections on Carbonic Acid, Water, including bathing, and on Vegetable acids, are excellent. The halogens are handled less satisfactorily. But one drug is recommended in locomotor ataxia, Phosphorus. The author finds little or no benefit from the use of Nitrate of silver, and yet if any drug ever did stay this fearful disease, that drug is Argentum nitricum. If allopathic literature affords contradictory statements concerning this matter, Dr. Phillips's acquaintance with homœopathic literature could have served him well here, as it did when he compiled his volume on vegetable drugs. But for reasons best known to the doctor himself, these last two volumes are significantly silent in regard to homœopathy. In the treatise on vegetable remedies are many plagiarisms, among which we may mention Pulsatilla in amenorrhœa and orchitis, Bryonia in pleurisy, Rhus in rheumatism, Belladonna as a prophylactic against scarlatina, Hyoscyamus in cough, etc. But the more recent volumes are so bald of homœopathy, that no mention is made even of Hahnemann's

soluble Mercury,—an acknowledged chemical substance. As a consequence of this slight, Phillips's *Materia Medica of Inorganic Substances* is very incomplete in its practical bearing on therapy, and several remedies, such as tin, charcoal, copper, silicic acid, and lime, are either just barely mentioned, or are presented as mere skeletons of their real worth.

Concerning amorphous Phosphorus, Dr. Phillips believes it to be practically inert. If prejudice does not forbid his glancing into the *Transactions* of the American Institute of Homœopathy for 1882, perhaps he will change his mind; for he may find there an extensive proving made by a druggist, which proving developed severe, protracted, and at last alarming symptoms. Indeed, months elapsed before the bold experimenter regained his wonted health.

Few, except they be "expectants," will agree with Dr. Phillips, that a simple pneumonia requires no active interference. And just here a suspicion arises, that possibly Dr. Phillips has not utterly ignored homœopathic therapeutics after all, although evidences of its lingering are obscure. Perhaps adverse criticisms rendered greater caution necessary in the disguising of one source of his information.

Referring to the use of Phosphorus in pneumonia, he does indeed mention Dr. A. Thompson as one authority; but its recommendation in this disease is not indorsed by Wood, Stillé, Troussean, and Bartholow. Ringer advises it, but he acknowledges homœopathy as the source of his information. Some of the indications given by Dr. Phillips are drawn neither from Thompson nor Ringer, but sound very familiar to a homœopathist's ear.

Possibly we are misjudging our author here; but since he knows that the new school anticipated the old in this use of Phosphorus, and in the use of many other therapeutic facts incorporated in his *Materia Medica*, he should give credit where credit is due.

But what can be expected of a writer who complacently refers to Leaming as having found Thuja of service in warts, when his early reading acquainted him with Hahnemann, who used the plant, internally and topically, years before Leaming? (See Phillips's *Materia Medica of the Vegetable Kingdom.*)

In these days, when the value of a book depends so much upon its bibliography, great care is necessary to properly accredit the numerous authorities referred to.

Despite defects, however, Phillips's *Materia Medica*, by reason of its wealth of information concisely expressed, is a valuable addition to the physician's library. F.

Electricity in Surgery. By John Butler, M.D. Boericke & Tafel. 1882.

This is a valuable little work from the pen of one whose acknowledged ability has long since placed upon his writings the stamp of authority in his special department, viz., electricity.

In his introduction he not only proves the necessity of knowing the amount

of current given to each case, but gives a clear recital of the method of determining it.

He then takes up the application of electricity to the various surgical diseases and conditions, and, with great clearness, details the method of application, the quality and quantity needful, etc.

The book is not intended so much for beginners as for those who are already somewhat versed and practiced in the use of electricity. It is certainly a very valuable book, and fills a place which the surgeons have felt to be vacant. J. E. J.

On Slight Ailments; their Nature and Treatment. By Lionel S. Beale, M.D., F.R.S. Second edition, enlarged and illustrated. Published simultaneously with the London edition, with the permission of the author, by P. Blakiston, Son & Co., Philadelphia, 1882. Price in paper, 75 cents: in cloth, $1.25.

Dr. Beale is so well known that his name adds weight to a book, even though the subject considered is quite different from that which won for him deserved laurels.

But, just as a novelist, though he varies his style, unavoidably retains peculiarities by which his work can be recognized, so here, ailments are explained in the usual manner of works on practice: but certain views of biology crop out here and there, stamping the book as the unmistakable production of Lionel Beale. Indeed, herein lies the chief merit of the treatise, the rest of the work presenting nothing which cannot be gleaned from larger books.

The object of the publication is certainly a good one: the early detection of a departure from health, with a view to the employment of prompt means for reparation before organic changes supervene.

With the treatment of the ailments, we, as homœopathists, have nothing to do; still we may profit from a study of the descriptions of diseases, and, especially from an examination into the application of bioplastic theories in the elucidation of fevers, nervous phenomena, etc.

There is one section of Dr. Beale's book which, if it formed part of a journal article, or of an editorial, we would pass as unworthy of notice. But as part of a book to be reviewed, we are compelled to give it some consideration.

Homœopathists are treated as quacks and ignoramuses, who make light of medical and sanitary science, and who are wholly untrustworthy as honest physicians. It is even insinuated that they should be forbidden by law to practice medicine.

The charge of ignorance has been so often disproved in courts of justice, in which slanderers of homœopathy have been punished, and also often before the tribunal of popular favor, that Dr. Beale, in reiterating the charge, is either lamentably ignorant, or wofully disregardful of the rights of his fellow-men. He declares that it is impossible to prove that the decilionth of a grain can be used; and that, consequently, it would be foolish to attempt

to. He therefore declines to argue with any one who pretends such a belief. (See pp. 29, 30.)

These are strange sentiments for one to utter who pretends to be a student of nature. Either prejudice blinds his reason, or the latter is sadly deficient. In either case such self-sufficiency must ever bar the way to the finding of truth; for nature reveals her secrets only to those who are willing to prove all things, not to those whose arrogance and egotism place them above inquiry.

In view of all this, how strangely inconsistent are Dr. Beale's closing words of this section: "We shall act upon the maxim *Fac recte nil timie*," (p. 35.) F.

On Asthma, its Pathology and Treatment. By Henry Hyde Salter, M.D., F.R.S. First American, from the last English edition. September issue of *Wood's Library* for 1882.

A work so well known as this, on asthma, needs neither review nor extended notice. Both the theories and the pathology it teaches have been quite generally received, and have thus been placed beyond ordinary criticism. Still, individuals may and do differ with the author in some of his explanations. For instance, we think the explanation of the morning exacerbation, so frequent in asthma, is wholly inadequate, and is disproved by the exception which the author himself gives on a subsequent page (pp. 33, 36).

A large portion of the book is taken up with the citation of cases, and with treatment in general. In the Appendix is a table of analyzed cases, very valuable in the study of the terrible affliction of which the work treats. F.

Gleanings.

Adulterations of Drugs.—The Reports on Drug Adulterations, presented to the National Board of Health by the examiners appointed for that purpose in accordance with recent congressional enactment, contain some disclosures of a startling character, notwithstanding the fact that the scoundrelly business of sophisticating drugs has long been more or less openly carried on. The extent of the frauds and the large number of drugs involved, serve to show that the adoption of methods to prevent, or to detect and punish the crime, was urgently needed. The following list contains only a few of the fraudulent drugs, the selections being some of those likely to interest homœopathic readers:

Cinchona.—Worthless bark offered for pure Calisaya, and also for red bark. A false bark, treated with "chinoidin," to increase alkaloidal strength, has been offered in foreign markets. A false bark, resembling Cinchona, and believed to be derived from a species of Cascarilla, has deceived the French chemists, and is, probably, on the market. Inferior barks are often sold and substituted for those of known character. The poorest barks are enriched with chinoidin. There is much inferior bark in the market, which, owing to ignorance or for other reasons, is demanded by dealers.

Senna.—Quality of Alexandria Senna very low; one lot contained fifty-

seven per cent. of stems, stone, and dust. All kinds of Senna in the market are of indifferent quality.

Aconite.—Quality of the root generally bad; often mouldy upon arrival; many parcels partially or entirely tasteless, being probably exhausted and reduced.

Arnica.—One package containing fifty per cent. and another only ten per cent. of true root, the chief adulterant being *Geum urbanum.* One parcel sold for Arnica root did not contain a single particle of the root.

Dandelion.—So-called "cultivated Dandelion" is neither more nor less than Chicory. So is the "American Dandelion."

Colchicum.—Rarely met with of good quality.

Rhubarb.—Hard to find good quality. A lot that was rejected by the custom house was sent back to England, there powdered with some superior Rhubarb, and then re-shipped here.

Sarsaparilla.—Quality, particularly of "Honduras," very poor; clay, pieces of foreign roots, large woody pieces of the caudex, etc., and plenty of dust in the interior of the bundles, which on the outside appear bright and clean. The following admixtures found in one lot: Nutgalls, Matico stems, Bay, Belladonna, and Digitalis leaves, paper, bark, straw, Ipecac, May apples.

Valerian.—Indifferent and bad qualities abundant. The English Valerian very bad in quality and very dirty.

Anise.—Mixed with granular clay—a very common adulteration.

Capsicum.—Adulterated with common salt. The adulterants are commonly red lead, vermilion, Venetian red, brickdust, ground rice, turmeric, salt, and mustard husks. One lot contained 50 per cent. of turmeric, wheat, corn starch, and a little horseradish.

Lycopodium.—Adulterated with the starch of some species of lentil; also with dextrin, powdered resin, and potato starch.

Gum Arabic.—The powder adulterated with sand and marbledust, and also with dextrin in fine grains.

Opium.—Sometimes contains 20 per cent. of foreign matter, chiefly lead; powder adulterated to the extent of 50 per cent.; the other adulterants are starch, clay, pieces of wax, cherry gum, extract of licorice, and pitch and resin. A few years ago there was spurious Opium, composed of a mixture of pitch and resin, extensively sold in this market. It was inert.

Almond Oil.—The so-called "true English" is composed principally of Linseed oil.

Castor Oil.—Specimens sometimes contain 95 per cent. of whale oil; others are made of lard, with a little Croton oil.

Cod-liver Oil.—"Shore oil" frequently substituted.

Neatsfoot Oil.—Often contains 25 to 33 per cent. of Kerosene.

Olive Oil.—Largely adulterated with paraffine oils, having a fine yellow color, and rendered odorless by some process; cottonseed oil and groundnut oil are also largely used as adulterants.

Ergot.—Much of the small-sized Ergot imported contains the ergotized grains of barley, oats, and perhaps other graminaceæ. One lot was entirely factitious, and bore no resemblance to the true drug.

Tapioca.—As sold in this and other markets, is almost altogether a factitious article, made from potato starch. It is called "trade Tapioca," but is sold by the majority of druggists, who do not take the trouble to explain its factitious nature, as Tapioca. It is just half the price of the genuine, and, while nourishing and not in any way deleterious in its effects, is still not Tapioca.

Acetic Acid is often deficient in strength, and sometimes contains Manganese, Glucose, Iron, and Sulphuric acid.

Citric Acid is adulterated with crystals of Tartaric acid.

Muriatic Acid contains much Chloride of lead. Some specimens show Sulphurous acid and Arsenic.

Sulphuric Acid.—The acid ordinarily in use is adulterated with Sulphate of sodium and Sulphate of magnesium to increase its specific gravity. Some specimens contain Sulphate of lead.

Tartaric Acid.—Adulterated with 25 to 50 per cent. of Sulphate of Sodium; also with Alum.

Ether.—Often unclean, although stronger than officially required. Of eleven commercial specimens of Compound spirits of ether, not one in any way approached the official requirements. The Nitrous spirits contain a proportion of water.

Bismuth.—Antimony offered for Metallic bismuth.

Iodine.—Crude article sometimes contains 25 per cent. of sawdust, and one specimen contained 28.75 per cent. of Iodide of cyanogen, while others had from 5 to 22 per cent. of water, 0.30 to 0.92 per cent. of Chlorine, and 0.40 to 1.11 per cent. of ash.

Iodoform.—Contains a considerable portion of some substance which is insoluble in Ether. Its nature and derivation have not been determined.

Iodide of Iron.—The syrup contaminated with lead; traced to crude Iodine employed in its preparation.

Citrate of Iron and Quinia.—Contains from 4.3 to 10 per cent. of Quinia. Should contain 16 per cent. The English style contains between 3 and 6 per cent. of Quinia.

Magnesia.—Adulterated with Rochelle salts, and a frequent substitute is Tartrate of sodium.

Morphia.—Sulphate of quinia, put up in Morphia bottles, is sometimes sold as Morphia.

Mercury.—Adulterated with common salt.

Cream of Tartar.—Samples have been met with containing 63.33 per cent. of farinaceous matter, others having Acid sulphate of sodium, and still others 25 per cent. of Sulphate of calcium, technically called the "great adulterator." The other adulterations, as shown by specimens purchased from three wholesale and seven retail stores, contained from 4 to 44 per cent. of Tartrate of calcium; some had, in addition, Carbonate of calcium; one contained 89.5 per cent. of Tartrate of calcium; another had 92.9 per cent. of Terra alba. There were also samples composed mainly of Carbonate of calcium, of Sulphate of calcium, a little Cream of tartar, and some starch and flour.

Quinia Salts.—Mannite found in Sulphate; in another case finely-picked cotton was introduced to increase the bulk. In Philadelphia Salicine is substituted for Quinia sulphate. Some specimens contain one-third Carbonate of sodium, and in some the Sulphate of quinidia took the place of Sulphate of quinia.

Sanitary Influence of the Eucalyptus.—From a paper entitled "Experimental Plantations of the Eucalyptus near Rome," by Franklin B. Hough, Chief of the Forestry Division, Department of Agriculture, Washington, D. C., we learn that the plantations described are about three miles from Rome, Italy, and close by the spot where, according to tradition, St. Paul was beheaded. The locality has long been regarded as most unhealthy, so that, from an important town, it has dwindled to a straggling hamlet, called fittingly "The Tomb." The soil is of volcanic origin, from ten to fifteen inches deep, and fertile. Below is a subsoil so hard as to be impenetrable by roots. A grove of eucalyptus globulus was planted in 1868. Sanitary improvement in the climate was soon observed, so that later, in 1879, a company was formed to continue the work on a large scale, the contract calling for the planting of 12,500 trees each year. The results now fairly established are, that the trees can there be cultivated successfully, and that

they, to a very considerable extent, purify the air and counteract disease. Some valuable details are given concerning the varieties planted, the method of planting, and the action of the groves upon the climate.—*New York Tribune.*

The Treatment of Intussusception.—In the September number of the *New York Medical Journal and Obstetrical Review*, Dr. W. R. Gillette, Physician to Bellevue Hospital, relates a case of intussusception in a child nine months old, relieved by injections of water, the administration of chloroform by inhalation, and manipulation of the tumor felt through the abdominal wall. This, he states, is the third case of intussusception in infants which he has seen, and which he has been able to reduce by these means. He thinks that these cases, from the philosophy of their condition and the necessary measures for relief, are best managed in the way indicated. In two other instances in which he saw and advised this treatment, reduction was utterly impossible under the other methods tried. The children in each of these cases were held while struggling, and the injections forced into them against all voluntary and involuntary efforts which they could make. He deems the administration of chloroform almost absolutely necessary in these cases. The reason is not difficult to find, inasmuch as, while it gives us such perfect control of the patient, it also eliminates the element of muscular spasm. Moreover, massage is a powerful adjuvant to the hydrostatic pressure of water in these cases. In the first two cases the obstruction was not overcome until massage also was employed.

The Preservation of Food.—Professor B. S. Barth explains, in the June number of the *Month*, a new antiseptic compound for the preservation of food, which it is certainly not impossible may supersede drying and canning, and, indeed, all the other costly and more or less unsatisfactory processes. If this discovery, after a more extensive trial than it has yet had, prove satisfactory and as inexpensive as in the experiments that Professor Barth has made, it will be one of the most valuable chemical discoveries of recent years, and more valuable to American raisers and packers of meats than every other process heretofore discovered. In spite of refrigerator cars and steamships, and in spite of the great improvements that have been made in canning meats, one of our greatest commercial problems still is, how can we transport our beef and pork and, eventually, our dairy products, to Europe perfectly preserved and at a reasonable price? If this can be done it will enlarge almost indefinitely one of our already large industries, and stimulate the raising and exporting of other meats than beef and pork.

The antiseptic, as Professor Barth explains it, is a compound of Glycerin and Boracic acid, as follows: Glycerin, Boracic acid, and water—by weight, ninety-two parts of Glycerin and sixty-two parts of Boracic acid, the odd fifty-four parts being the weight of the water which is lost as steam during the heating. "Boro-glyceride" is the name he has given to the compound. Neither Glycerin nor Boracic acid alone completely preserves meat, but the compound is an almost tasteless, effectual, and uninjurious preservative. It does not even change the color of the meat. The method of using is to steep the fresh meat in the preserving solution, dry it in the sun, and pack it in casks; or, it can be left in the liquid during transportation. The cost of preserving and packing is estimated—partly, of course, by guess, inasmuch as no extensive experiment has yet been made—at a penny a pound. Among the experiments that Professor Barth has made, he mentions the following: A jar of ribs of mutton was sent last August from the Falkland Islands, and the meat remained sweet and tender, and was eaten both roasted and boiled; oysters kept for three months which could not be distinguished from fresh ones; others sent raw from Jamaica to England which retained a perfect flavor; turtles and pigeons from

the same place, with the same satisfactory results; pigeons and beef kept seven months and made into a pie with eggs laid six months. Furthermore, when meat has been preserved with Boro-glyceride it will keep sweet and will not turn sour for weeks after it has been cooked, even if exposed to the air. If a pan be kept containing the dilute solution, meat and poultry, when brought fresh from the barnyard or the market, by being immersed in it, could be kept sweet during the hottest weather. Experiments have been made, also, with the compound in preserving cream and butter. It does not give an unpleasant taste to milk, and has, in all experiments thus far made, proved perfectly harmless. Cream preserved with it was sent from England to Jamaica, and could not be distinguished from fresh cream; and a quantity of clotted cream was sent, with the same satisfactory results, to Zanzibar. Butter, after ten weeks of preservation, was perfectly good, and nearly a hundred persons who ate it did not detect any peculiar taste, and were unwilling to believe that it was not fresh.

Hanging Made Easy.—Dr. Graeme M. Hammond recently underwent voluntarily the pleasing operation of partial strangulation, all for the sake of science and humanity. He seated himself in a chair, with a towel around his neck, the ends of which were twisted by one assistant, while another watched his face. He first noticed a sensation of warmth and tingling, beginning in the feet and quickly passing over the entire body; vision partially disappeared, but there was no appearance of any colored lights. His head felt as if it would burst, and there was a confused roaring in the ears. He suffered no loss of consciousness, and was fully able to tell his friends whether a pin-prick into the hand was painful or not. In one minute and twenty seconds all sensibility was abolished.

The doctor seriously advises that criminals who are to suffer death be humanely treated, as he treated himself, and then, as insensibility supervenes, be lifted from the chair and suspended until life is extinct.—*Medical Record*, October 14, 1882.

Lunar Influence upon the Insane.—The moon, it has long been claimed, exercises some influence or other upon the insane. This is now generally denied; but, nevertheless, the effect of the moon's light is not to be disputed. Even in healthy persons the light of the moon can give rise to elegiac ideas and dispose to sentimentalism. And in the insane, who are so susceptible, this light may, with the fleeting shadows of the clouds, the stillness of the night, and the confused murmurs of the asylum, tend to intensify impressions and lead to increased mental agitation—at least, so writes Griesinger in his *Mental Pathology*.

Astragalus Mollissimus, a poisonous grass, is sometimes eaten by animals. It causes dilated pupils, loss of sensibility, impaired motility, and inco-ordination of muscles. The horse, after eating it, steps high over small objects, shys, rears up, and sometimes falls backward. Finally, death ensues, with cardiac arrest.—*New Remedies*, August, 1882. This grass reminds us of the Lathyrus Satinis. Both belong to the Leguminosæ. See, also, Allen, vol. v., p. 504, where, in a foot-note, Lathyrus is mentioned as similar to Physostigma.—Eds.

Peppermint Oil in Herpes Zoster, says Dr. Meredith, of Birmingham, Eng., when applied locally, rapidly allays the pain.—*Journ. of Cutaneous and Venereal Diseases.*

Mosquito Bites.—Dr. Jennings states that a one-tenth-per-cent. solution of atropine instantly relieves itching caused by Mosquito bites.—*Lancet.* Atlantic City and Cape May papers please copy.

News, Etc.

A Night Medical Service is shortly to be organized in Brooklyn, N. Y.

The British Journal of Homœopathy has just completed the fortieth year of its publication.

Dr. Morrell Mackenzie, the famous English laryngologist, is on a visit to the United States.

The Institute Transactions are out. They form a handsome cloth-bound octavo of 828 pages.

The Death of Pidoux, the colleague of Trousseau, in his treatise on Materia Medica and Therapeutics, occurred September 4th, in Paris.

Yellow Fever on our Gulf Coast continues with little diminution in the daily number of its subjects, or in the virulence of the infection.

John M. Foster, M.D. (Hahn., Philad., '82), one of the resident physicians of Ward's Island Hospital, N. Y., has been on a short visit to his old home at Nashville, Tenn.

The New Hospital at Pittsburgh "is up to the second story" (October 10th), and rapidly rising. The friends of homœopathy in the sooty city are to be congratulated.

British Homœopathic Congress.—The annual session of this body was held in the Windsor Hotel, Edinburgh, September 7th. Our English exchanges contain full reports of the proceedings.

Our Representatives in England.—The homœopathic portion of the American profession was well represented at the British Homœopathic Congress, by Professors Ludlam, of Chicago, and Biggar, of Cleveland.

William L. Craddock, M.D. (Hahn., Philad., '79), has settled in St. Paul, Minn., and entered into partnership with his former classmate, Arthur M. Eastman, M.D. Many friends, West and East, will wish them success.

Dr. Henry N. Guernsey will be safe at home, we trust, when this reaches our readers. He sailed on the Waesland, October 21st, from Antwerp. During his four months' absence he has gained needed rest and strength.

The New York Homœopathic College opened its annual session with addresses by Professor Dowling and Emeritus Professor Kellogg, and a poem by Professor Helmuth. The prospects of the school, we hear, are most encouraging.

The Brooklyn Homœopathic Hospital has sustained a loss in the recent decease of Albert E. Sumner, M.D., Medical Director of the institution. On Sunday afternoon, October 1st, a memorial service in respect to the deceased was held in the hospital.

The Cook County Hospital, Chicago.—We learn that this institution has recently undergone an entire change in its medical and surgical ad-

ministration. What effect the change has upon the status of homœopathy in the hospital, we do not yet know.

A New Medical Club has been organized by the homœopathic physicians of Northern New Jersey. Dr. E. J. Howe, of Newark, is President. Its objects are medical advancement, and the cultivation of fraternal relations among physicians. The membership is limited to twelve.

Surgical Outfits on Railroad Trains.—The Pennsylvania Railroad Company is providing its passenger and freight locomotives with boxes containing rolls of bandages, absorbent cotton, rubber compresses, etc., with printed directions for their uses in accidents pending the arrival of a surgeon.

Bureau of Materia Medica, A. I. H.—Dr. J. P. Dake, of Nashville, Tenn., chairman of the above-named bureau, has issued the programme to be followed in the preparation of their report for next year, and the work is already under way. A most interesting and valuable report may be expected.

A Colleague Burnt Out.—The *Homœopathic World* mentions that Lansdowne House, Ryde, the residence of Dr. Hugh Hastings, has been destroyed by fire, together with the doctor's valuable library of fifteen hundred volumes. Our American readers will deeply regret this irreparable disaster to their English colleague.

Removals.—Dr. G. H. Martin has removed from San Francisco, Cal., to Honolulu, Sandwich Islands.

Dr. S. J. Donaldson, from Portsmouth, N. H., to 315 Madison Avenue, New York city.

Dr. G. C. Blakelock, from Montclair, N. J., to Hoboken, N. J.

Memorial Statue of Von Grafe.—On May 22d, a memorial statue of the eminent ophthalmologist, Albrecht Von Grafe, was unveiled in the University of Berlin. The statue, which is of bronze, is somewhat above life-size and is said to be a strikingly correct resemblance; it represents Von Grafe with his left hand resting on the back of a chair and his right holding an ophthalmoscope.

The London School of Homœopathy.—With a view to encourage proficiency in homœopathic studies, Dr. Prater offers two prizes, of ten pounds each, for the best examinations in Materia Medica and Practical Medicine which will be held at the termination of the present annual session. This is not the first exhibition of Dr. Prater's distinguished liberality in the cause of medical science.

The New Jersey Homœopathic Medical Society held its annual meeting at the West Jersey Hotel, Camden, October 4th. Papers were read by Dr. C. W. Butler, of Montclair, on "Caries of the Skull," and Dr. E. M. Howard, of Camden, on "Medical Education—the Preliminary Study of Anatomy," and a discussion was had upon "The Treatment of Bronchial Croup," the subject being introduced by Dr. Tuller, of Millville.

Philadelphia Graduates in Minnesota.—There are, in Minnesota, chiefly in the larger cities and towns, eleven graduates of the Hahnemann Medical College of Philadelphia, the oldest dating back to the class of 1858.

Without exception, these men are prosperous and representative homœopathists. The very large proportion of Minnesota students who study in the Philadelphia school is regarded by the professors of that institution as a very flattering compliment paid them by their progressive Western colleagues.

Dr. Talcott's Lectures on Insanity, in Hahnemann College.—S. H. Talcott, M.D., Superintendent of the Homœopathic Asylum for the Insane, at Middletown, N. Y., will give a course of lectures in the Hahnemann Medical College of Philadelphia, as follows:

1. *Wednesday, November* 15*th*, at 8 o'clock, P.M., "Insanity and Sin,"—an introductory lecture embodying some of the prominent features of the Guiteau case.
2. *Thursday, November* 16*th*, "The Brain as an Organ of Mind."
3. *Wednesday, December* 13*th*, at 8 P.M., "Diagnosis of Insanity—Theories concerning—Definitions—Insanity, legal and medical—Commitment to, and care of Patients in, asylums."
4. *Thursday, December* 14*th*, "Melancholia; its causes and varieties."
5. *Wednesday, January* 17*th*, at 8 P.M., "Mania—Facts and Features concerning it."
6. *Thursday, January* 18*th*, "General Paralysis of the Insane."
7. *Wednesday, January* 31*st*, at 8 P.M., "The Grave of the Human Mind—Dementia."
8. *Thursday, February* 1*st*, "Prognosis in Insanity,—and Aphorisms."
9. *Wednesday, February* 14*th*, at 8 P.M., "The Moral, Hygienic and Sanitary Care of the Insane."
10. *Thursday, February* 15*th*, "Medical Treatment of the Insane."

The hours for Thursday's lectures will be announced the previous evening. Members of the medical profession generally, are cordially invited to be present at any or all the lectures.

Homœopathy in Van Diemen's Land.—From a newspaper slip sent us from Hobart Town we learn that there are at least 10,000 people in Tasmania who prefer homœopathic treatment and who are demanding their natural rights in the public hospital. In support of this claim Dr. Harry Benjafield speaks of the use of Baptisia in typhoid fever. He has had, within a few years, ninety-seven cases, of which all recovered, while of three cases (of strong young women) he was obliged to send to the hospital, and to allopathic treament, "all are now lying at Cornelian Bay," which, we presume, means the cemetery. Dr. Benjafield has also published some interesting figures respecting the comparative results of homœopathic and allopathic treatment in private practice. In a circular written in defence of homœopathy against allopathic attacks made upon it, he says:

"Since coming here I have had under my care what was equal to 375 members for one year (or 235 for variable periods, from 17 to 20 months), belonging to Rechabite, Odd Fellow, and Protestant Alliance Lodges. The sick and funeral pay during the time I have had them has amounted to £101 1s. 8d., averaging 5s. 4½d. for each member per annum, and as you pay in about 32 shillings per annum to meet such expenditure, nearly £500 has been saved out of that amount, and placed to the credit of the different lodges.

"After considerable difficulty I have been enabled to collect the results of the treatment of what is equal to 385 members of different lodges by other medical gentlemen during the same time. The sick and funeral pay to these amounts to £534 5s. 8d., or on an average of £1 7s. 9d. to each member, or more than five times the amount paid under my treatment.

"I cannot obtain accurate accounts of the number of deaths, otherwise I

would be very glad to give them, since as far as I can ascertain they are very much in my favor.

"I know no better test of the merits of different methods of medical treatment than the sick and funeral pay to lodge members when taken on a large scale. If the truth of these figures is questioned I shall be very glad to show you the various items as supplied to me by the seretaries of the different clubs. And I wonder you do not make out comparative statistics every year to see how your money is expended."

MARRIED.—BRUNNER—BAUS.—Tuesday, October 10th, 1882, at the residence of Mr. Joseph Rosenbaum, 2139 Green street, by Rev. L. Y. Graham, Edgar P. Brunner, M.D., to Miss Amelia D. Baus, all of Philadelphia.

OBITUARY.

CROSBY.—At Franklin, N. Y., September 30, 1882, Hattie A., wife of O. H. Crosby, M.D., of Atlantic City, N. J., aged 35 years. Mrs. Crosby was a graduate of the Delaware Literary Institute of New York. She was a faithful, exemplary Christian, adorning her sphere as wife, mother, and friend, and her loss will be deeply felt. M. M. W.

ROUSSEAU.—On Monday evening, September 25, 1882, at his residence, 210 Penn ave., Pittsburgh, Pa., L. M. Rousseau, M.D., in the 63d year of his age. Dr. R. was a native of Canada, where he practiced his profession for more than twenty years. In 1865 he located in Pittsburgh and entered into partnership with the late Dr. Marcellin Cote. In 1866 he assisted in organizing the Homœopathic Medical Society of Pennsylvania, and continued his relations with it until his death. He leaves a wife, two sons,—one of whom is now studying his father's profession at Cleveland,—and five daughters.

WANSTALL.—Mrs. Emma Steene Wanstall, M.D., wife of Dr. Alfred Wanstall, of Baltimore, Md., died at her home, September 10, 1882, aged 28 years. She graduated from Boston University School of Medicine, in March, 1877, and afterwards for a year and a half prosecuted her medical studies in Europe, where she was shown an unusual amount of kindness and attention. She settled in Baltimore, in December, 1878, and was the first female physician of our school to locate there. She married Dr. Wanstall, in April, 1881, and after the birth of her son, now a few months old, she fell into a rapid decline from tubercular phthisis. Brilliant as a scholar, she became highly accomplished as a physician, and was the centre of a large circle of friends, who deeply mourn her early death.—*N. E. Med. Gazette.*

BARROWS.—On Saturday, October 14th, 1882, after a long and painful illness, Ira Barrows, M.D., of Providence, R. I. Dr. Barrows was born in Attleboro', Mass., November 18, 1804, graduated at Brown University in 1824, and received his medical diploma from Harvard in 1827. The earlier years of practice were passed in Pawtucket and the neighboring towns of Bristol County, Mass., where he attained an enviable reputation. During the first fifteen years he was one of the strictest adherents of the allopathic school, but having satisfied his own mind, by comparative tests upon his patients continued for many months, of the superiority of homœopathy, he thenceforth consecrated every energy of his life to the promotion of that cause. He was one of the founders of the Rhode Island Homœopathic Society, its first Vice-President, and many times its executive officer. He was also an honorary member of the New York, Massachusetts, and Connecticut Societies. His membership in the American Institute of Homœopathy dates from the year 1846. As a practitioner he was distinguished for careful investigation into minutest details, for the accurate selection of the simi-

lar remedy, and the constant remembrance of those seriously ill; as a man, for his genial but dignified bearing, his kindness of heart and his integrity of character. His confidence in humanity seemed boundless; he almost literally impoverished himself by extending substantial pecuniary aid to countless applicants who in the hour of prosperity forgot their early benefactor. Like his chosen Master, the Great Physician, he embraced every opportunity to do good. For nearly fifty years he was a communicant of the Congregational faith, and for some years a deacon in Dr. Blodget's Church, Pawtucket. He married, February 5, 1833, Frances A., daughter of Oliver Bartlett, of Smithfield, R. I., who survives him with two daughters and two sons.

The Rhode Island Homœopathic Medical Society, at a special meeting held September 16, appointed Drs. George Wilcox, Isaac W. Sawin, and Geo. B. Peck, Jr., to prepare a minute in reference to the deceased, which was subsequently adopted, as follows:

Dr. Ira Barrows, a constituent member of this Society, and thrice its chief executive, entered into rest Saturday, October 14, at 3 P.M. His life-work, whose objective was all that can benefit or improve mankind, was pursued with unremitting zeal and indomitable energy for more than half a century, and until heart and strength had forever failed him. Believing there is no higher wisdom than a knowledge of the mind of the Supreme, whether expressed in Revelation or in Nature, and that there can be no more perfect science than the strict application of its teachings to the events of daily life, he carefully weighed the claims of Homœopathy when presented to his attention, and when satisfied with its credentials, devoted himself to its development with unflagging enthusiasm until he became its acknowledged best exemplar. His clear and sturdy intellect, disciplined by the rigorous training of a liberal education, and unimpaired at his latest breath, rendered him a skilful judge of results and their causes, as well as of the relative value and importance of symptoms. His irreproachable character rendered his visits to the sick-chamber safe to the patient, and his keen sense of honor safe to the consulted physician. Recognizing the fact that he had entered upon labors begun by others, and that the results of their experience had been fully transmitted to him he earnestly strove to discharge the consequent obligation, employing alike freely tongue and pen. Constant in his attendance upon all professional gatherings, save when detained by imperative engagements, he contributed at least one valuable thought to the accumulated treasure of the occasion.

His relations to the fellows of this Society were most friendly, even cordial in character. The junior members found in him a ready counsellor and faithful adviser, the senior a sympathetic and trustworthy associate. Not one has cherished ill concerning him. To other practitioners of every name his conduct was courteous and equitable.

To his patrons alike of high and low estate he devoted every power with unstinted measure. Neither time, nor mental toil, nor physical, were considered for a moment when the interest of the humble required the sacrifice. The critical case received not attention during his brief visit merely, but was the companion of his thought by day and by night. He realized that a physician's first duty is to cure his patient.

The memory of his devotion to principle, his fidelity to trust, and his zeal for good works, will permanently abide with us, an impressive mentor to the performance of complete duty.

Some twenty-five physicians of Providence and its vicinity, also Dr. E. U. Jones, of Taunton, Mass., were present at the obsequies.

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THE

HAHNEMANNIAN MONTHLY.

Vol. IV., New Series. } Philadelphia, December, 1882. No. 12.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

VEGETABLE KINGDOM.

LOGANIACEÆ.

(Continued from page 520.)

THE word Loganiaceæ is a latinizing of a proper name, and is one of many illustrations of a silly custom. New discoveries are honored with the names of distinguished men, instead of with appellations expressive of their quality. So the anatomist is vexed with Schneiderian membrane, Eustachian tube, etc., and the botanist is obliged to submit to such monstrosities as Euphorbiaceæ, Wistaria, etc. How much more expressive is the term Glycina, sometimes applied to the last-named plant? Wistaria recalls Caspar Wistar, M.D., President of the American Philosophical Society; Glycina directs attention to its rich, long, pendulous clusters of flowers, full of honey. But vanity has an insatiable appetite.

Nevertheless, this order of LOGANIACEÆ furnishes several of the most potent drugs in the Materia Medica. Thence we derive Nux vomica, Ignatia, Spigelia, and Gelsemium.

The first two contain several alkaloids, chief of which is the well-known *Strychnia*. This poison is also found in various species of Strychnos, as in that variety of Upas known as Strychnos Tieutés (belonging to the Apocynaceæ).

The seeds of Strychnos potatorum, however, do not contain it. Curare, famous as an arrow-poison, is supposed to comprise Strychnia among its ingredients. The *Akazga*, a shrubby plant growing in West Africa, is believed to be a species of Strychnos. It is used as an ordeal poison, reminding one of the leguminous

Calabar bean, which is similarly employed. The *Akazga*, according to Phillips, acts more like the Nux vomica alkaloids brucia and igasuria, than it does like *Strychnia*.

Though Nux vomica and Ignatia are rich in a common alkaloid, *Strychnia*, they are by no means identical in action. Indeed, though they display strong family resemblances, their differences separate them so widely, that they must receive as distinct consideration as if they were of diverse origin. It is not easy to determine the cause of these differences. Both plants yield brucia and igasuria. Ignatia contains more *Strychnia*, and yet as homœopathic remedies, Nux vomica acts the more profoundly. Neither does it appear that there is any appreciable difference between the Strychnine derived from Ignatia and that from Nux vomica. There must, then, be some individual peculiarity, not apparent in the alkaloids. And this teaches us that we cannot hope to abridge our Materia Medica by a substitution of alkaloids, glucosides and the like for the various plants which contain them.

To obtain a clear idea of the agreements and disagreements of Nux and Ignatia, and to comprehend their respective pathogeneses, it is necessary to inquire into the action and relations of the alkaloids.

Strychnia is very diffusible and speedily enters the system through the blood. After very small doses, the first effect is a stimulation of the heart and circulation and an increased energy in the performance of functions. After large doses, there is developed a condition almost identical with traumatic tetanus. This is effected by a peculiar action upon the spinal cord. Sensory nerves are unaffected; or, their irritability is increased. Motor nerves are not paralyzed, except as a result of continuous over-stimulation. But there is a marked exaltation of the reflex functions of the cord. The involuntary muscular fibres are also affected through the sympathetic nerves. Hence result phenomena, traceable to over-activity of reflex action; from slight impressions within the body or from without, such as a light touch, a draft of air, a bright light, a slight mental emotion, the moving of gases in the abdomen, etc., the senses are excited, pains like electric shocks flash through the limbs, the face turns pale and then flushes; or, a shudder passes through the whole frame, the countenance is rendered ghastly by risus sardonicus, spasm of the respiratory muscles suspends breathing and general clonic convulsions throw the body into tetanic rigidity with opisthotonos and trismus. These attacks end in muscular relaxation; but from

frequent repetition the system becomes exhausted and the patient succumbs, his mind remaining clear until carbonic acid poisoning ensues. Sometimes the respiratory muscles are so rigidly fixed that death from suffocation results.

According to Ringer, *Strychnia* lessens the resistance of the cord and increases the diffusibility of impression. This is more practically expressed by Dunham: "It excites muscular action, causing incoherent contractions to take place; it deranges the normal order in which muscular motions succeed each other, and finally causes a kind of paralysis." This inharmonious action, varying slightly in NUX and IGNATIA, is, as we shall see, a very important aid in explaining the symptomatology of the two drugs.

Strychnine resembles PICROTOXINE, Veratria, CICUTA VIROSA, THEBAINE, *Hydroc. acid*, *Belladonna*, *Stramonium*, *Aconite*, *Physostigma*, *Passiflora*, Curare, Camphor, *Phytolacca*, but especially are its effects like traumatic tetanus.

In tetanus of traumatic origin, trismus is an early and essential symptom, and in an advanced case, rigidity of the affected muscles is persistent; in *Strychnia* tetanus, trismus comes late, and the muscles are not always rigid between attacks. The history of the cases may also help in coming to a decision.

PICROTOXINE, according to Bartholow, is synergistic with *strychnia;* but respiration is accelerated, not so much from spasm of the respiratory muscles as from spasm of the glottis; and there is less susceptibility to slight touch. Gubler asserts that PICROTOXINE produces more choreic symptoms.

Veratria causes incoordination by producing relaxation of some fibres with contraction of others; that is, following prolonged contraction of muscles comes a state of partial relaxation with fibrillary contractions. Herein it somewhat resembles *Strychnia;* but it differs widely in purging and vomiting, and in general paralysis occurring, not from exhaustion, but from direct devitalizing of the muscles. THEBAINE causes tetanus, but may be distinguished by its hypnotic symptoms. It is said to be the most poisonous of the active principles of Opium.

Physostigma can be confused with *Strychnia* only in a limited range of symptoms. It increases the irritability of the sensory nerves and also causes tetanic spasms of involuntary muscles. But in the main, it varies widely from *Strychnia*, causing spinal paralysis and diminished reflex action. When, therefore, such symptoms as constriction of the throat, cramps in stomach and bowels, tenesmus recti, stiff spine and legs,

tight feeling in and about the eyeballs, suggest a similarity with *Strychnia*, such consentaneous evidences of spinal paralysis as the following will serve for differentation: trembling, feeble, can hardly walk, can with difficulty make the muscles obey the will [hence like Gelsem., Conium], unsteady when walking with the eyes closed. In *Strychnia* death results from asphyxia caused by tetanic spasm of the respiratory muscles; in *Physostigma*, from paralysis. The pupils, too, vary; the former causes dilatation; the latter contraction with defective accommodation and twitching of the eyelids.

If, now, the remote effects of *Strychnia* are to be considered —such effects as follow severe but not fatal poisoning, or such symptoms as are frequently produced by potencies—we may still discriminate by the characteristic irritability, which is more marked in *Strychnia:* everything makes too strong an impression; faints from odors; muscular tremors with excitement; desire for coitus, but during an emission he becomes impotent, etc.

Curare, even if it does contain *strychnia*, acts quite differently from the latter. It destroys the irritability of the end-organs of the nerves of muscles, leaving the muscles themselves intact. Reflex action is diminished or destroyed, and respiration is paralyzed. Sensation is not materially altered. Owing to paralysis of the extremities of the vagus, the heart's action is accelerated, but blood-pressure is not increased. In fact, from paralysis of vaso-motor termini the bloodvessels dilate, lessening resistance to the blood currents. Increased peristalsis is not due to spasm but to paralysis of the inhibitory splanchnic.

We have no very trustworthy provings of Curare. Still Baruch has used it for so-called "liver-spots;" and Dr. Paul Pitet records several interesting cures of muscular weakness, embarrassed respiration from deficient power, immobility with fixed gaze on awaking, and in eczema of infants, worse on the face and behind the ears; scrofulous children (*World's Homœop. Convention*, vol. i).

It has also been used for catalepsy, with spasms of the lower jaw, by Baruch, we think.

Phytolacca differs essentially from *Strychnia* in its acrid-narcotic properties, as well as in its tardy gastro-intestinal irritation and collapse. Still, the convulsive symptoms are somewhat similar; limbs stiff, hands firmly shut, feet extended and toes flexed, teeth clenched and lips everted, opisthotonos; chin drawn to sternum.

Passiflora Incarnata has not been proved, but it has

cured cases of tetanus in hot countries, where, unhappily, they are but too common. Dr. Archibald Bayne, of Barbadoes, W. I., reports two cures with the θ and 1^x (*Hahn. Monthly*, May, 1881).

ANGUSTURA is placed among aromatic bitters and called a tonic. But it is more than this. It causes drawing, tension, and stiffness of muscles and joints, with bruised, sore feeling, as after a blow. This tension is marked enough in the temporal and masseter muscles to suggest trismus. The drug also affects the bones. There are points of resemblance between ANGUSTURA and another of the Rutaceæ, the *Ruta graveolens*. Injury to periosteum frequently suggests the latter; and it is quite probable that injury with incipient muscular contractions may need the former.

Dr. Hering, who was fully aware of the confusion of Angustura with Strychnia, nevertheless, reported a cure of tetanus with the former, and printed the symptoms thereof in his *Guiding Symptoms*. Dr. Hubbard reports a cure made with Augustura (*Med. Investigator*, April, 1870).

That *Angustura vera* acts on the bones has been fully confirmed. Ægidi used it when the long bones were affected (see *Raue's Pathology*). Dr. C. G. Raue writes us that the preparation with which he cured podarthrocace was unquestionably the *Vera*. It was Jenichen's, and this manufacturer carefully distinguished between *Angustura vera* and *Angustura falsa*, or *Nucis vomicæ cortex seu Brucea Antidysenterica*.

Dr. Aug. Korndoerfer used Jenichen's 2^c for necrosis of the lower jaw. One side of the jaw had been successfully excised; but the disease made its appearance in the other side. The cure was complete.

Of the general characteristics of Angustura, we may refer to irritation from a slight offence (with caries). Craving for coffee (clinical, but confirmed by Dunham, Bönninghausen, and Ægidi). Tenesmus recti with soft stool. Urging to urinate with copious flow (see case of Dr. Edmundson's, *Hahn. Monthly*, October, 1876). We cannot then quite agree with Dr. Hughes, who asserts that Angustura has no recognized therapeutical place.

Aconite, in one of its manifestations, causes a general tension of nerves and vessels, characterized by the well-known anxiety, heat, etc. (see Hughes's Pharmacodynamics). It also induces trismus, stiffness of the limbs, and even opisthotonos. We see now why Reynol could use it successfully in trismus of horses

(Trousseau's Therapeutics, vol. ii); and, further, why it is recommended in the beginning of traumatic tetanus.

It does not, however, like *Strychnia*, cause increased reflex excitability. There is present rather a diminution or perversion of sensibility, expressed by tingling and numbness.

In impending tetanus, we certainly have efficient preventives of the full-fledged disease: *Aconite*, fever, anxiety, tension of muscles, tingling and numbness; *Verat. Viride.* HYPERICUM, excruciating pain in the wound; *Belladonna*, *Cicuta*, *Silicea*, if the wound is suppurating or has suddenly ceased to discharge pus, and possibly, Angustura.

HYDROCYANIC ACID was first recommended in tetanus by Bégin, and Dr. Hughes in his paper on that acid, read at the World's Convention in 1876, cites poisoning cases which prove its homœopathicity to epilepsy and to tetanus. The relation of the acid to this latter disease is more fully brought out in Dr. Hughes's *Pharmacodynamics*, where we read: "Hydrocyanic acid causes tetanus. There is not, as with Strychnia, evidence of increased reflex excitability; but, as with Aconite and Cicuta, persistent tonic spasm. This it produces by direct action upon the spinal cord."

It seems especially useful when the tetanic symptoms show themselves mostly in the muscles of face, jaws and back; there are trismus, risus sardonicus and embarrassed respiration, with lividity and frothing at the mouth. Dr. Chas. A. Barnard reports two cases of traumatic tetanus relieved with this acid. In each instance only the spasms of face, jaws, and chest lessened, other remedies being needed for the remaining symptoms. (See *N. E. Med. Gazette*, Oct., 1882.) This affinity of HYDROCYANIC ACID for the upper part of the body does not contraindicate the medicine in opisthotonos and general tetanic rigidity, for under its baneful influence both trunk and extremities are thrown into spasm. In one case spasms commenced in the toes and spread over the body. But the acid undoubtedly affects the medulla oblongata most powerfully, and consequently lungs, heart, and larynx suffer through the par vaga. It bears but little resemblance to *Strychnia*, but is similar to CICUTA, LACHESIS and NICOTINE.

LACHESIS has relieved when with trismus and spasm of the larynx, there is blueness from asphyxia and the patient sleeps into the paroxysm.

CICUTA VIROSA contains a volatile alkaloid termed *cicutina*, which as yet has not been isolated. According to Boehm this

plant causes vomiting, diarrhœa and tetanoid convulsions, and in man also syncope and strabismus. The volatile oil which it contains is said to be identical with oil of cumin and is non-poisonous. But an alcoholic resinous extract containing, according to Trojanowski, cicutoxin, causes in frogs alternate tonic and clonic spasms. The respiration is hurried, the inspiratory so far exceeding the expiratory act that the animal becomes distended with air. In mammals, the first effect is profuse salivation, quivering of muscles, and then spasms. The breathing grows very rapid and then suddenly convulsions develop. Respiration, as with Strychnia, is suspended by contractions of the respiratory muscles. If irritated, spasms return; after the paroxysms subside the animal lies completely exhausted.

Now these views of the action of CICUTA embody characteristics which have for years guided the homœopathist in the choice of this powerful remedy: sudden rigidity, then jerks and violent distortion, followed by *utter prostration.* Tonic spasm renewed by touch. *Great oppression of breathing.* Lockjaw, face dark red; froth at the mouth. Opisthotonos. *Loss of consciousness.*

The seizure in the CICUTA case is more epileptiform than in the *Strychnia*, and there is generally loss of consciousness. Reflex excitability is less marked in the former. The exhaustion of CICUTA is equalled only by Chinin. ars.

TABACUM and NICOTINUM cause: Head drawn back, with rigidity of muscles of neck and back. Contraction of eyelids and masseter muscles. Hissing respiration, from spasm of laryngeal and bronchial muscles. Alternate tonic and clonic spasms, followed by general relaxation and trembling. Retraction of the abdominal muscles. Contractions of parts supplied with involuntary muscles, as intestines, ureters, etc., These contractions are accompanied with intense pains, nausea, cold sweat and speedy collapse, with asphyxia.

Tobacco, then, acts upon the spine, especially upon the medulla oblongata; and also upon the abdominal ganglia. Its tetanic symptoms with asphyxia, resemble those of Prussic acid rather than those of Strychnia. A characteristic difference betweenTobacco and NUX is well brought out in their respective applications to renal colic: pain down the right ureter into the genitals and leg, nausea, vomiting, NUX. Pains down the ureter with *deathly sickness and cold sweat*, TABACUM.

DIABETES INSIPIDUS.

BY F. F. LAIRD, M.D., UTICA, N. Y.

SYNONYMS.—Polydipsia, Polyuria, Chronic Diuresis, Hydruria, Hyperuresis, Urinæ Profluxis.

"THE name diabetes insipidus is applied to every chronic, morbidly increased excretion of urine, free from sugar, which is caused by no profound structural changes of the kidney, and which constitutes either the sole or at least the most important and primary morbid phenomenon" (*Senator, in Ziemssen*).

In the latter part of the eighteenth century, P. Frank and Cullen, following the suggestive writings of Sauvages, made sugar in the urine the basis of classification in diabetes, and divided it into mellitus (verus) and insipidus (spurious). The idea of an essential unity in the two diseases was, nevertheless, strong in the minds of physicians. Thenard and Bouchardat announced that they had found a "tasteless sugar" as characterizing polyuria; Mosler discovered "muscle-sugar" (inosite) as the connecting link. Strauss demonstrated that an *equal* amount of inosite appeared in the urine of the healthy after the ingestion of large quantities of water, which simply washed it out before its conversion into carbonic acid and water, while the theory of Thenard and Bouchardat perished almost at its birth. The fact that glycosuria was a special morbid alteration in nutrition now forced a recognition and compelled the profession to sharply draw the line between it and polyuria. To confirm the distinction came the experiments of Bernard, showing that irritation of the floor of the fourth ventricle at a point just above the "diabetes puncture" (glycosuria) would induce hydruria, not unfrequently associated with albuminuria; and the observations of Eckhard, Loeb, and Gruetzner that salivation sometimes followed puncture of the medulla oblongata in dogs and rabbits. From these discoveries dates the intelligent study of diabetes insipidus.

ETIOLOGY.

I. *Predisposing Causes.*

1. Age: The disease is most common, according to Bartholow, between 20 and 45. It has been known to be congenital (Dickinson), and has also occurred in patients over 60. Under 5 and over 50 years of age, it must be regarded as very rare.

2. Sex: Males are more subject in the ratio of two or three

to one. In infancy and childhood it is doubtful if this distinction exists.

3. Heredity: This predisposition has been observed sufficiently often to render it a prominent factor. An hereditary association with glycosuria, noticed in several cases, does not seem strange when we reflect that the "diabetes puncture" and the "polyuria puncture" are close neighbors.

4. Neuropathic and Psychopathic Predisposition: Patients of nervous temperament and of peculiarly sensitive minds are justly believed to be especially susceptible—a view in strict accord with the generally accepted nervous origin of the disease.

5. The Strumous Diathesis: In which distant irritation is especially liable to awaken reflex excitability in the brain.

II. *Exciting Causes.*

1. Injuries of the skull, such as falls, blows, concussions. Exostoses of the skull.

2. Injuries in general: Piorry and Trousseau report cases occurring after a blow upon the hepatic region. Perhaps the emotions (fear, anger, etc.), may in such instances exert more influence than the injury.

3. Diseases of the brain, acute and chronic, including extravasation of blood, inflammatory and degenerative changes, concussion, sunstroke, epilepsy, tumors, etc. In Bartholow's experience, *syphiloma of the brain has been the most common exciting cause.*

4. Psychical impressions, strong mental emotions.

5. Chronic diseases of spinal cord.

6. Following convalescence from acute or chronic diseases.

7. Exposure to drafts of cold air when overheated, sudden variations of temperature, and a single excessive ingestion of cold fluids.

8. Abuse of alcoholic stimulants.

9. Violent exertion and fatigue.

10. Unknown—includes a considerable number of cases.

In order to arrive at the *fons et origo mali*, we must solve the problem of how a morbid increase in the urinary excretion can occur without any disease of the kidneys. The conditions influencing the excretion of urine are, so far as we know, (1) increase in general blood pressure, (2) abnormal composition of the blood, such as an excess of water (hydræmia), or the presence of certain "diffusible and diuretic substances, such as urea, sugar, and certain salts," (3) nervous influence, exerting its power independent of increase in general blood pressure.

Increase in the *general* blood pressure in polyuria can be at once excluded as unsustained by clinical facts, pathological changes, or the inferences of analogy. The concentrated state of the blood found by Strauss, and the inefficiency of means which prove curative in hydræmia, offer no support to this theory. The presence of "certain *normal* diuretic substances (urea) in abnormally large amount, or *abnormal* substances of a similar sort" has been invoked as the cause of the diuresis, but is unsupported by any strong arguments. The increase in the urea and urinary salts is not constant during the whole course of the disease, and yet the diuresis persists; moreover, in the majority of cases the excess of these substances is no more than would naturally result from the thorough washing out of the tissues and the nitrogenous metamorphosis thereby induced. Throwing aside the fact that "the diuretic action of urea and of the normal urinary salts is insufficient to explain the great increase in the amount of urine which is observed in diabetes," the untenable character of the hypothesis is still further shown by remembering that an excessively nitrogenous diet will greatly increase the solid constituents of the urine without producing diabetes. The only *abnormal* product in the blood which could possibly cause polyuria is *inosite*, and as Strauss has demonstrated, this appears in very minute quantity as an accidental ingredient.

We must therefore look to nervous influence as the source of diabetes insipidus. The experiments of Bernard confirmed by Eckhard and scores of co-laborers, are now universally accepted by the profession as furnishing the most rational explanation of the disease. Eckhard found that by irritating the posterior lobe of the vermiform process of the cerebellum in rabbits, hydruria (generally with glycosuria) was produced, "*without, however, causing increase of blood-pressure in the aorta,*" but that this only occurred when the splanchnic nerves were intact. In other words, division of the splanchnics not only cut off the vaso-motor nerves supplying the kidney, *but also those going to the intestines;* hence the vascular network of the intestines would become so dilated that blood-pressure in the kidneys would actually be below the norm, and urinary excretion absolutely diminished, as was ascertained by experiment. In dogs, division of a greater splanchnic nerve caused an increased excretion from the corresponding kidney; but on irritating the peripheral extremity of the divided nerve, diminution or absolute cessation of the excretion followed. "After section of a splanchnic nerve, a

still further increase in the urinary excretion could be produced by irritation of the fourth ventricle. For the hydruria thus produced there must be, therefore, a nervous channel other than that in the splanchnic nerve (and this is the case both in dogs and rabbits). This channel lies in the spinal cord as far as the seventh cervical vertebra, for a section of the cord above that point abolishes permanently the secretion of urine." An explanation of this cessation in the urinary excretion may be found in the suggestive and frequently-verified experiments of Ludwig and Thiry, who demonstrated the fact that section of the cord in the upper cervical region produced "dilatation of most of the bloodvessels of the organism, but notably of the mesenteric vessels, and that galvanization of the cord at its lower cut extremity caused the vessels to contract" (Flint, *Physiology of Man*). If the cord be divided below the twelfth vertebra, a permanent slight increase in the urinary excretion frequently follows; and section of the cord between the seventh and twelfth vertebræ, *arrests for a time* the secretion of urine (Bernard). From the above facts we draw the rational inference that division of the cord *above* the twelfth vertebra so paralyzes the *general* vaso-motor nerves as to produce a widespread dilatation of the bloodvessels, thus inducing diminished blood-pressure in the kidneys; while section *below* the twelfth exerts an influence more directly upon the renal vessels.

The experiments of Peyrani in 1870 upon cats, dogs, and rabbits, point to the sympathetic system as exercising a marked control over the secretion of urine. Prolonged galvanization of these nerves in the neck caused an increase in the amount of urine and urea, the increase being greater with the induced than with the constant current. When the sympathetic is divided the quantity of urine and urea sinks to the minimum. Changes in the sympathetic nervous system as an element in the etiology of diabetes insipidus, offer a wide and as yet almost unexplored field of study. Thus far, in only one case (Dickinson's) has the disease been recognized as thus originating.

As the investigations of Bernard and his fellow-physiologists have shown that diabetes *mellitus* may, in many instances, at least, be referred to dilatation of the hepatic vessels, so recent pathologists justly attribute diabetes *insipidus* to a permanent dilatation of the renal vessels. "The diameter of the bloodvessels both of the kidneys and liver is regulated by the vaso-motor centre in the medulla oblongata. The nerves of the

kidney pass down through the spinal cord and the splanchnics and along the renal artery to the hilus. When they are divided as they pass along the renal artery, the flow of blood through the kidney is increased, the pressure in the glomeruli becomes greater, and the urine is secreted more abundantly. . . . . Like the hepatic vessels, also, the renal arteries may be dilated reflexly by puncture of the floor of the fourth ventricle, by irritation of the central end of the vagus, or by injury to certain parts of the cerebellum" (Brunton, in Reynolds). Whether this localized dilatation of the renal vessels is caused by *paralysis* of the vaso-motor nerves is a matter of doubt, since Fr. Goltz has incontestably proven the existence of "actively dilating nervi vasorum." Practically, the dispute is of no importance, since the result is the same in both cases. The discovery of Goltz, however, renders unnecessary the hypothesis of "specific secretory nerve-fibres,"—a theory rendered all the more improbable by the fact that *no* nerves have ever been traced to the *cells* of the kidney (Dr. Tyson, *Bright's Disease and Diabetes*).

Bearing in mind that the lesion of the central nervous system has been most often found in close proximity to the "polyuria puncture," we must, in the present state of our knowledge, "look to disturbance of the nervous channels which connect the floor of the fourth ventricle and vermiform process of the cerebellum with the kidneys, as the ultimate cause of diabetes insipidus" (Senator).

SYMPTOMATOLOGY.

Diuresis, independent of drug action, occurs under the folfowing conditions (Parkes, *On the Urine*):

I. Associated with excessive thirst (polydipsia).

II. Connected with insufficient action of skin and lungs.

III. During removal of dropsical effusions or retention of water after febrile diseases, or from other morbid conditions unconnected with thirst or deficient elimination from the skin.

His first classification is *true* diabetes insipidus; the second and third are merely temporary conditions, a simple acute diuresis, in no wise entitled to rank with the stubborn persistency of genuine polyuria.

The characteristic symptoms of this disease, the increased urinary excretion and the consequent thirst, sometimes appear in the midst of perfect health. More commonly they are preceded by various disturbances, generally of a nervous character, varying from simple headache, sleeplessness, restlessness

and irritability, to acute and chronic affections of the brain and spinal cord, derangement of consciousness, of senses or of speech, with convulsions, paralyses and disorder of sensation. Sometimes the diuresis is associated *with* these phenomena; at other times it sets in as they are passing off; or, more rarely, it may make its appearance some time after the original malady has disappeared. But *only* when this diuresis "constitutes the sole or, at least, the most important and primary morbid phenomenon" (*vide definition*), can it rightfully be called diabetes insipidus. If the disease be induced by powerful nervous shock, such as violent mental or moral emotions, acute disease, wounds, blows, concussions, or great excess in eating or drinking, its development may be sudden. Hysteria may not only be a well-defined precursor but a constant associate; care must be taken, however, to distinguish the *temporary* diuresis of this condition from *confirmed* diabetes insipidus.

Polyuria once established, the urinary excretion gradually increases, reaching its maximum, as a rule, only after several weeks; exceptionally, it attains its height in a few days. When fully developed, the daily evacuation of urine "is very unequal in different cases and in the same case at different times. It may vary from a point only slightly above the physiological limit to ten or twenty times that amount" (Senator). We may safely place the daily average at from one to five gallons. Trousseau reports a case in which the daily discharge amounted to forty-three liters (*about ninety-one pints*). Although the evacuation of water with the urine is greater in the diabetic patient than in a healthy man under the same regimen, a peculiarity is found in the fact that in the former the ingested fluids do not, as a rule, manifestly affect the urinary secretion for several hours. In health the *alternate* dilatation and contraction of the vessels favors the rapid elimination of surplus water; in diabetes the *constant* dilatation of the renal capillaries renders its evacuation less speedy *but more persistent*.

The physical characteristics of the urine may be thus briefly summarized:

I. Color: Very pale and clear, often resembling the purest spring water; if less diluted or the pigment be relatively increased, of a greenish tint.

II. Odor: The *urinous* smell is almost entirely absent; but, according to the writer's experience in two cases, the urine *may* have a pungent or *sour* odor as a transitory condition.

III. Reaction: *Very* faintly acid, becoming quickly neutral, or alkaline and turbid with earthy phosphates and bacteria.

IV. Specific Gravity: Always below the normal, may approach 1015 or sink as low as 1001, varying at different times according to the ratio between the water and solid constituents; average between 1004 and 1010.

V. Quantity: Owing to its unstimulating character, the urine may be retained for some time and each evacuation be very large; a small bladder or an irritability of the urinary tract (frequently present) may cause frequent micturition with corresponding reduction in quantity.

The urine is subject to great fluctuation in its solids. At one time they may be actually diminished; at another time, normal (hydruria); one constituent may be in excess of the others, giving phosphaturia, azoturia, oxaluria, lithuria (in one case, *vide* Parkes), etc. As a rule, all the solids, except perhaps uric acid and creatinin, are relatively decreased but absolutely increased. The greater relative excess of phosphate of lime is regarded by Dickinson as peculiarly suggestive of the nervous origin of the disease. It is claimed by Senator and others that the increase in urea, *cæteris paribus*, is "due to a thorough washing out from the tissues and the greater decomposition of albumen accompanying the increased amount of fluid passing through the body." But on this theory how shall we explain those cases which, like Trousseau's, are characterized by marked emaciation? "There is also sometimes," says Parkes, "rapid loss of flesh, which is much more easily explained by the hypothesis of an increased tissue change than in any other way. On the other hand, there is none of the febrile action which ordinarily attends increased tissue metamorphosis." Becquerel and others have adopted unreservedly the opinion that there is a disease characterized by this rapid disintegration and increased urinary solids and water, without other obvious symptoms, except the attendant emaciation. To such an affection Becquerel would restrict the term "polyuria," and regard the thirst (polydipsia) as merely a consequence. The accidental presence of inosite has already been alluded to (*vide* p. 712), and hippuric acid in Bouchardat's case probably comes under the same category. The reported cases of diabetes insipidus with albuminous urine are regarded by Bartholow as examples of fibroid kidney.

The thirst increases *pari passu* with the urinary excretion, and so intense does it sometimes become that patients deprived of water will drink their own urine (Dickinson). Niemeyer places the daily ingestion of water, including that taken in the food, as high as thirty or forty quarts. Since the volume

of urine excreted was often found to exceed that of the ingested liquids, it seemed reasonable to suppose that the missing quantity must either be absorbed through the skin or taken directly from the tissues. But experiment has shown that the water in the solid articles of food, plus that formed by the direct union of hydrogen and oxygen in the body, not only makes good the deficiency, but also leaves a surplus for perspiration or accumulation in the tissues.

The appetite and digestion are generally good; the former may even be ravenous, as observed by Bernard, Novellis, Trousseau, and, in one case, by the writer. "Trousseau also tells of a patient who ate such enormous quantities that, at a certain restaurant where bread was furnished *à discretion*, they paid him to stay away" (Niemeyer). Headache, tympanitis, nausea and vomiting, heartburn, cardialgia, epigastric and lumbar pains, and a longing for certain articles of food, or a craving for indigestible substances, have been noticed; but these symptoms are probably the outgrowth of the diseases which *cause* the diabetes. Thus, anæsthesia and convulsions, due to hysteria, may occur in patients suffering from diabetes hysterica. The bowels are usually constipated, the stools being hard and dry; exceptionally there is diarrhœa.

The mouth and lips also feel the drain, and are commonly more or less parched. As a most interesting exception, ptyalism may be present as a strong reminder of the experiments of Eckhard, Loeb, and Gruetzner (*vide* p. 712).

The skin shares the same fate as the mucous membranes, being generally dry. Not only is the insensible perspiration markedly diminished, but even the *tendency* to perspire is greatly reduced. Less often the skin is normal, or may even be covered with a profuse perspiration, which, in strumous subjects, is especially noticeable about the head. Scrofulous and syphilitic eruptions are common when the diabetes is the outgrowth of these dyscrasiæ. Likewise purpura, œdema, and other cutaneous phenomena may result from the cachexia which occasions the polyuria.

If water be allowed *ad libitum*, the only marked and *constant* effect upon the general health, "*so far as its direct influence is concerned*," is a slight (a few tenths of a degree) lowering of the temperature, which has been attributed to the abnormal ingestion of cold fluids. If water be withheld, the tissues become dry and shrivelled, and the emaciation very apparent. The disease naturally renders the patient fretful and peevish. The face is liable to erythematous congestion (Tyson). In

some cases a remarkable tolerance of alcoholic drinks has been observed; in others, just the reverse (Tyson). Impairment of the mental faculties and sexual function, although occasionally present, are far more rare than in glycosuria.

The course and duration of genuine diabetes insipidus is so uncertain that he who ventured to predict them might indeed be deemed mad. Says Senator: "In the absence of any fundamental disease threatening life, diabetes insipidus may have an unlimited duration. . . . . Especially are those cases which depend upon a hereditary predisposition without any recognizable organic disease, remarkable for their duration." R. Willis records a case which lasted fifty years! The disease may assume an *intermittent* character. Maxwell and Bartholow have observed a temporary entire cessation of thirst and polyuria. Intercurrent febrile disease and pregnancy produce an improvement, which is sometimes permanent, but far more often transitory. A case of scarlatina without influence upon the diabetes is, however, mentioned by Dickinson. Diet has almost no effect upon the course of the disease; but strong emotions often aggravate.

Diagnosis.

In the very beginning of the disease the urinary excretion may be only slightly above the physiological limit, and a diagnosis, therefore, very difficult; but careful measurement of the urine from day to day and close observation will soon solve the problem. The only morbid conditions with which it could well be confounded are simple acute diuresis, glycosuria, fibroid kidney, pyelitis, and hydronephrosis. As an example of the first, Ellis (*Diseases of Children*) writes: "A simple diuresis occasionally follows a more or less prolonged condition of disordered stomach. In such cases there is thirst, and the child wastes often apparently causelessly. The urine is generally transparent, pale yellow, of a specific gravity of 1010 to 1025, containing an excess of urea. The strumous diathesis is commonly found in connection with this complaint. Attention to diet (animal and farinaceous foods and milk being the most suitable) suffices for a cure." Such a case is distinguished from chronic diuresis (*true* diabetes insipidus) by the higher specific gravity of the urine, its temporary character, and the ready response to hygienic treatment.

From glycosuria and the renal diseases diabetes insipidus may be differentiated by the absence of sugar in the urine, its low specific gravity, the intense thirst, and the non-appearance of characteristic symptoms pertaining to these maladies.

PROGNOSIS

Depends largely upon the conditions producing the diabetes. Reference has already been made to the effect of intercurrent febrile diseases, pregnancy, and hereditary predisposition. Most authorities agree that the disease, *per se*, is rather an inconvenience than a dangerous malady. As an exception, Da Costa and Trousseau seem to regard it as equally if not more perilous than glycosuria (Tyson). Trousseau's cases, however, exhibited bulimia, succeeded by anorexia, diarrhœa, wasting, with shrivelled skin, fetid breath, and even phthisis. Hence Brunton regards excessive appetite as an unfavorable symptom. Complete recovery is rare, and, if it occur, generally takes place within one year from the inception of the disease (Tyson). A far more favorable prognosis may be given when the disease results from syphilitic affection of the brain (Bartholow). According to Dickinson, cases due to drunkenness are apt to run a very severe and rapid course.

POST-MORTEM APPEARANCES.

The few post-mortem examinations have disclosed the important facts that the changes principally involve (1) *the base of the brain* (*most frequently the medulla oblongata*), and (2) *the kidneys*. At the *base* have been observed: Inflammatory and degenerative changes in the fourth ventricle, as well as tumors in the same region or in the cerebellum, namely, tubercles and tuberculous meningitis and gliosarcoma; left pedunculus cerebri softened and discolored in middle portion, and central part of floor of fourth ventricle colored pale yellow; fracture of base of skull, with contusion of the anterior lobe; fibroid tumor of pituitary gland; carcinoma of the pineal gland. Syphilitic exostosis of the cranial roof, with gummous tumors of liver and bronchial glands, is also reported by Lancereaux.

The *kidneys* were sometimes found enlarged and hyperæmic, as might have been expected. In one instance, without change in the gross appearance of the kidney, the tubules were dilated, some being deprived of their epithelium, and others filled with epithelial cells in a state of fatty degeneration. Cases of marked structural disease must be excluded from diabetes insipidus.

The organic diseases in other parts of the body with which the polyuria was associated are: Lobular pneumonia; cavities in lungs; fibrous tumor between the uterus and rectum; enlargement of the mesenteric glands; cancer of the liver and of the abdominal lymphatic glands, with degeneration of the solar plexus.

POWDERED BORACIC ACID IN CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

BY CLARENCE BARTLETT, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

Prior to six months ago, the treatment of chronic suppurative inflammation of the middle ear was, to me at least, anything but satisfactory. Notwithstanding the administration of the remedy which I supposed to be suited to the case, the patient would not improve at all, or else so slowly, that treatment was soon discontinued in despair. About six months ago I began to treat these cases by means of packing the ear with dry finely powdered boracic acid. The results which followed were now as brilliant as they were unsatisfactory before. Cases that had gone on for five, ten, or fifteen years, and were gradually progressing toward complete deafness, have all been cured in an incredibly short space of time, and this, too, without causing a single untoward symptom in any case. In one case only has the remedy failed to be productive of benefit, and in that one a large polypus had made its way through the perforation in the membrana tympani. In a very similar case, treated by Dr. Bigler, the removal of the polypus and the subsequent application of the boracic acid resulted in a cure.

The first step in the boracic acid treatment of chronic suppurative inflammation of the middle ear is the thorough cleansing of the ear. This should be done, not by deluging the parts with water from a syringe, but by careful wiping of the auditory canal with absorbent cotton. To do this properly the head-mirror and ear-speculum should be used, in order that every part of the canal may be brought into view and rid of the discharge. This having been done, we proceed to clean the tympanum. The patient is instructed to inflate the middle ear by the method of Valsalva, which will force whatever discharge may be in that cavity through the perforation in the drum into the external ear, when it should be carefully removed. For the purpose of carrying the cotton into the ear there is nothing more handy than the ordinary dentist's probe with a flexible point. It is light, easily handled, and can be bent at any angle desired. All discharge having been removed, the ear is now ready for the introduction of the finely powdered boracic acid, which is best accomplished by pouring it in through a speculum. It is then firmly but gently packed, the speculum is removed and a small pledget of cotton is put in the external meatus to retain the powder in position. The pa-

tient is then dismissed, with instructions to report as soon as the discharge has washed away the powder. The first application usually causes such an increase in the flow of pus that the boracic acid remains in the ear but a few hours, so that a second application will be required on the following day. The powder should be renewed as rapidly as displaced, until all discharge has ceased. From the beginning of the treatment, all odor disappears. The discharge itself usually ceases in from three days to three weeks. Towards the latter stage of treatment the discharge becomes so slight that the boracic acid is not washed out, but remains in the ear, and forms a hard cake. Whether or not it is advisable to remove this I am not prepared to speak positively. My practice has been not to molest it so long as its presence gives rise to no symptoms. In some of my cases it has remained for a month or more without troubling the patient in the least. By that time it has contracted, owing to the loss of moisture by evaporation, and then it usually drops out of the ear without interference on the part of the physician. In pursuing this method of treating chronic suppurative inflammation of the middle ear, *the greatest attention must be paid to details, or disappointment will surely follow.* The ear must be thoroughly cleansed. The boracic acid must be reduced to an impalpable powder. If properly prepared it should contain no hard particles, and should, when rubbed between the fingers, give a soapstone-like feel.* The flat and slippery scales are so difficult of trituration, that it is only possible to obtain a properly prepared article from wholesale druggists, who can reduce the crystals to a powder by machinery. It still remains to speak of the permanent nature of the cures wrought by the boracic acid treatment of "otorrhœa." Here I must say that my cases have not been under observation for a sufficient length of time to enable me to speak positively. The cases which were treated six months ago remain cured to-day, and one of these was a case in which the ear had discharged incessantly for fifteen years. In some few cases the discharge returned, owing, as I believe, to the too early abandonment of treatment on the part of the patient. Cures of cases of chronic inflammation of the middle ear are liable to be occasionally followed by relapses, no matter what the treatment pursued, and it would be wonderful indeed if the boracic acid treatment was an exception.

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* The boracic acid used in the treatment of my cases was obtained from Wyeth & Bro., druggists, of this city, and is kept constantly in stock by them.

MECHANICAL TREATMENT OF LARYNGO-TRACHEAL STENOSIS.

BY HORACE F. IVINS, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

PREVIOUS to the practical application of the laryngoscope, a patient suffering from organic stricture of the larynx, or trachea, was, in nearly every instance, condemned to continue indefinitely his wretched manner of existence, in constant danger of suffocation, or—tracheotomy having been performed in order to avert this fate—he was usually doomed to wear the canula the remainder of his life. Now, however, by bringing the laryngeal mirror to the assistance of specially-devised dilators, not only can the majority of patients already tracheotomized be so much improved as to dispense with the tracheotomy-tube, but many who are suffering from marked dyspnœa can be entirely relieved without the performance of a bronchotomy.

The idea of treating these strictures by the introduction of catheters through the constricted portions originated centuries ago, having been recommended by Hippocrates; but it was left to Bouchut, in 1858, to systematize this method. Even then only occasionally were these strictures overcome, and Professor Schrötter, of Vienna, in 1869, was the first to offer any favorable statistics of cases so treated. This latter surgeon used specially-devised, hard-rubber catheters, triangular in form.

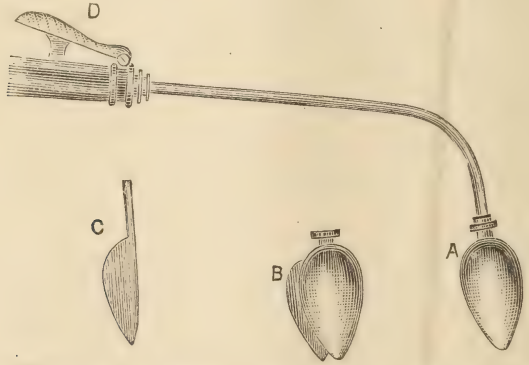


FIG. 1.—WHISTLER'S CUTTING LARYNGEAL DILATOR.—A, Bougie with knife concealed. B, Blade protruding. C, Knife detached. D, Spring by which the blade is projected. (*From Mackenzie.*)

In many cases marked relief has been afforded by cutting-

instruments, especially where the contractile tissue is very thin and elastic. Of these instruments the cutting-dilator of Dr. Whistler, of London, is perhaps the most useful: a laryngeal bistoury, however, answers nearly the same purpose, but the advantage in the cutting-dilator is, that the tissues are put upon the stretch before they are divided, as is the case with the better class of internal urethrotomes.

Expansible dilators have *occasionally* been the means of bringing about a cure. They are made with three or four movable blades, which are passed through the constriction while closed, and are then forced apart by turning a thumb-screw attached to the handle, while the amount of dilatation is shown by a dial. Of the three-bladed instruments Mackenzie's is the best; and the four-bladed one of Navratil is, perhaps, the best of all the forcible dilators. These instruments were devised for the purpose of dilatation from above, being introduced through the natural passages; but Professor Schrötter modelled one something after the plan of Mackenzie's, though with shorter branches, and which he introduced from below through the tracheotomy incision: he has now abandoned this method, however, as he has found that the cure is not more rapid in any case than with bougies, and it often proves much more injurious. This dilator he now uses for keeping tracheotomy wounds patulous.

In 1879, Prof. Stoerk, of Vienna, reported in the *Wiener Med. Wochenschrift*, a case of laryngeal stenosis cured by a bivalve dilator, which he introduced from below through a tracheotomy canula, the fenestra in the upper portion of which was made to extend to the junction of the tube with the shoulder; the canula was thus converted, in its upper portion, into a half cylinder; this was done in order to allow the easier introduction of the instrument, or in case a third blade should be required for dilating the stricture antero-posteriorly, more room would be obtained for expansion. The inner tube was cut away in a similar manner, so that one or both tubes could be worn while the dilator was in position.

The dilator was introduced while closed, and attached to the canula by means of a slot and bar; the branches were then separated to the desired extent by a thumb-screw, and the instrument allowed to remain in position from twelve to thirty-six hours. At each succeeding introduction the branches could be more widely separated, provided no fresh inflammation had been produced by the instrument. The great objection to the rapid dilators is that they may set up so much inflamma-

tion, œdema, ulceration, perichondritis, etc., as to increase rather than decrease the constriction.

Mackenzie says of his instrument, that he "must confess that the results have been disappointing." *

Of the dilatation from below the same author says: "I have rarely found it practicable, and never permanently successful."†

The galvano-cautery works admirably in cases similar to those in which cutting instruments are indicated.

It may be occasionally possible to overcome a recent obstruction by closing the opening in the tracheotomy-tube, thus obliging the patient to breathe through the fenestra in the upper portion of the canula; the force of the respired air, together with the muscular efforts on the part of the larynx to overcome the dyspnœa, causes a dilatation. The canula is to remain closed until marked symptoms of dyspnœa set in, when the cork must be removed, only to be inserted again after a few hours' rest.

If the voice be irreparably lost, it may be advisable, if the tube produces great annoyance, to dissect out the contractile tissue.

The treatment of laryngo-tracheal stenosis by tin plugs or bougies, is the method introduced by Prof. Schrötter, and to be employed only after the trachea has been opened, and during the time the canula is in position.

The plug or bougie is made of metal, and varies in circumference from two to five cm., with a length of about four cm., straight, and of the form of a gauge, such as is used in the manufacture of fishing-nets, *i. e.*, an oval triangle. The apex of this triangle is directed forward and fits in the anterior commissure of the glottis; the lateral surfaces rest against the vocal bands, while the base of the bougie occupies the space between the vocal processes, or the base of the glottic triangle. Through the bougie runs a brass rod, which projects about six mm. beyond each end, the upper projection being a flat oval, and having a perforation near its tip, through which passes a piece of twine a little more than a foot long. By means of a wire hook this twine is drawn through a metallic tube, bent in the form of a silver catheter, this being provided with a wooden handle. The twine is drawn through this instrument until the upper brass tip of the bougie enters an oval opening in the beak of the catheter—into which the former fits accurately—when the twine is wound around a cleat at the

* Pharynx, Larynx, and Trachea, vol. i., p. 285. † Ibid.

end of the wooden handle, thus fixing the bougie firmly in its position.

The brass tip projecting from the lower portion of the bougie has a thin, round shank, or neck, which terminates in a ball or head. This neck is grasped and held firmly by spring-pincettes with thumb check-screw attachment.

The bougie then being attached to its handle, the pincettes laid on a table near by, or, better, hooked on to the lappel of the operator's coat, the inner tube of the tracheotomy canula is to be removed and the bougie passed, by the aid of the laryngoscope, into the mouth, through the glottis and stricture. The laryngeal mirror is now removed and the light is directed into the canula; as soon as the lower metallic head and neck appear in the tracheotomy-tube, after passing through the opening in its upper surface, the pincettes are passed through the outer extremity of the canula and made to grasp this metallic shaft on the bougie, while the operator still holds the

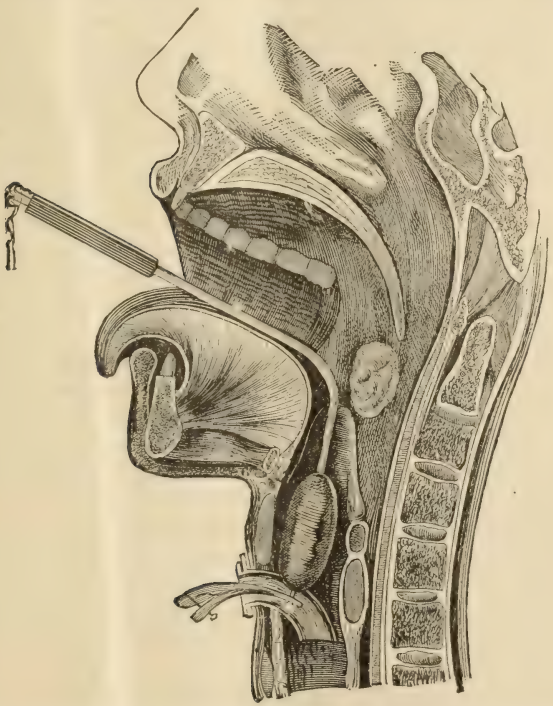


Fig. 2.—Schrötter's Laryngeal Dilator in situ (with Handle still Attached.) (Labus.) (*From Cohen.*)

bougie and handle firmly in position. The thumb-screw is now tightened, and, being sure it will not come loose, the string is unwound from the cleat, and the handle withdrawn, leaving the string attached to the bougie. The opposite end is allowed to hang out of the mouth. This outer end is passed over the ear or around the neck, and allowed to remain so until it is desired to remove the instrument, when the pincettes are loosened and the plug drawn out by the string.

In the introduction of this instrument there are several difficulties which may present themselves. Among the most important of these are the irritability of the patient and the presence of granulation-tissue. The former manifests itself by retching and vomiting, or coughing, with discharge of pus, mucus, or even of blood, if the granulation-tissue has been injured during the introduction of the instrument. These discharges are frequently coughed through the opening of the canula with great force, and in order to protect the operator's face and clothing it is then necessary to have an assistant hold a piece of plate-glass directly before the canular opening; this protects the surgeon while it does not obstruct his view, unless the glass be too thickly covered with the substances thus forced out, when it may be wiped off. If retching occurs, the manipulations may be carefully carried on, but if vomiting sets in, the procedure should be postponed. Should exuberant granulations fill the fenestra in the upper surface of the tracheotomy-tube to such an extent that the bulb of the bougie cannot be forced through them, they must be cut, scooped, or cauterized from the opening, or the tube may be entirely removed and the cavity cleaned out with forceps, scissors, spoons, etc.

These bougies are allowed to remain in from 10 minutes to 24 hours. Respiration is not interfered with, as the air can pass freely through the canula. It is sometimes well to commence dilatation with a bougie made of metal, and covered, except the lower projection, with a softish substance similar to that composing an English catheter.

Catheterization for the cure of laryngo-tracheal stenosis, is practiced either independent of tracheotomy, or, where—tracheotomy having been performed—the patient is able to breathe for a short time without the canula. As Schrötter's is the method generally employed, I will describe that one alone.

In the early treatment of stenosis by catheters, the patient, if no urgent symptoms be present, is gradually accustomed to the presence of instruments in the larynx by daily or semi-

daily probings, then later, or, if necessity demand it, upon first seeing the patient, an ordinary English catheter, strengthened by a stile, is introduced, by the aid of the laryngoscope, through the constriction. So soon as introduced the stile is withdrawn, after which the patient breathes through the lumen of the tube, the air rushing through it with a hissing sound.

The eyelet-holes near the point of the catheter should be of good size, and their edges be perfectly smooth. The size of the instrument first introduced should vary according to the size of the constriction, being careful not to pass one which will fit too snugly, for fear not only of producing too much spasm, but of setting up an inflammation, which will increase rather than decrease the stricture.

The catheter should be left in place but one or two minutes the first time, but at each succeeding introduction the time should be gradually increased, when, at the end of two or three weeks, it will be found that the patient experiences but little difficulty in keeping it *in situ* for twenty minutes, and in some cases as long as a half or three quarters of an hour. The catheter should be removed by the surgeon for a few times, after which the patient can do it equally well.

While the catheter is in position, the patient is usually annoyed by a profuse flow of saliva and mucus, consequently a cup, bowl, or cloth may be held lightly against the under lip, in order to catch the discharges; but the most agreeable and convenient way is to substitute for the foregoing a moderately large sponge after squeezing it quite dry.

During the act of coughing, the mucus, pus, etc., from below the stricture are forced violently from the end of the catheter, where a towel or sponge should be placed to receive them. This the surgeon should bear in mind during the introduction of the instrument, as otherwise the discharges may be thrown into his face.

The size of the catheter having been gradually increased until a No. 25, according to the French scale, has been passed, a hard-rubber one should be substituted. It should have the form of an ordinary silver male urethral catheter, except from the point to a short distance above the termination of the curve, where it should have the gauge form, previously referred to.

These catheters vary in circumference from 25 to 50 mm., each succeeding number being 1.5 mm. larger than the preceding. They are now provided with an extra cylinder of hard rubber, which can be turned in any direction, thus serv-

ing to direct the discharges from the surgeon's face during coughing.

After the patient has nearly recovered, and yet it is not deemed advisable to allow him to be without treatment, for

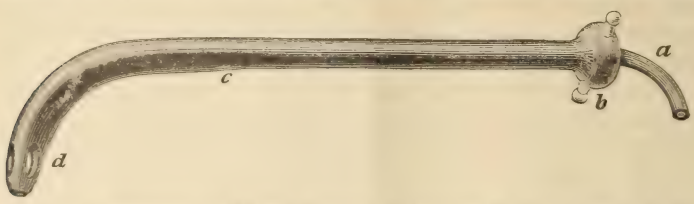


Fig. 3.—Schrötter's Hard-Rubber Laryngeal Catheter.—*a*, Extra cylinder. *b*, Flange and metal pins, designed as position indicators, and also for securing a firm grasp of the instrument. *c*, Commencement of triangular portion, which extends thence to the beak. *d*, Beak of catheter, showing its four openings.

fear the difficulty may return should the catheter not be occasionally introduced, he may be taught to treat himself by occasionally introducing the instrument.

I regret that the patient upon whom I wished to demonstrate the use of the catheter to-night, is unable to be present on account of paresis of the lower extremities; but while studying at Prof. Schrötter's clinic in Vienna I had the pleasure of treating a number of such cases through a period of several weeks, and of these I will speak briefly instead.

Of those cases which were treated by the hard-rubber catheter I was pleased to see two so far recovered as to go on with their daily work with but little inconvenience, coming to the clinic about once a week for the introduction of the instruments. In three others of the same class the improvement was well marked, while in two young girls the condition was but little changed. Of these cases but one presented any great obstacle to the introduction of the catheter, and that was occasioned by the close proximity of the epiglottis to the posterior wall of the pharynx, together with its relaxed condition, the cartilage being usually pushed directly ahead of the catheter, and it was only by careful manipulation that this could be overcome.

Of the cases requiring the introduction of the metal bougie, one was decidedly improved, while the other made but little progress. Of these, in the former it was very difficult to introduce the plug; 1st. On account of the granulations, which sprung up rapidly and obstructed the fenestra in the upper portion of the canula; 2d. On account of the reflex irritation which was produced by the presence of the instru-

ment during its introduction, the cough being accompanied by a profuse muco-purulent discharge, which was forced violently through the tube; and, 3d. The presence of an external sinus and pocket just above the tracheal opening, the result of a wound of the larynx during attempted suicide. In the other case the only difficulty experienced was that which occasionally arose from the presence of granulations.

OPHTHALMIA NEONATORUM.

BY PERCIVAL O. B. GAUSE, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

This term is generally applied to all those affections in the eyes of young infants ranging from a simple conjunctivitis, in which hyperæmia and an oversecretion of tears are the principal symptoms, to the most severe forms of inflammation, characterized by copious purulent discharge, all of which phases are seen in persons of all ages, it receiving its distinctive name simply on account of the age of the patient.

Many cases advance from a simple catarrhal inflammation to the more serious forms through neglect, the physician and nurse having met with apparently similar cases where recovery followed no treatment, or at best, some home-made remedies suggested by grandma.

The majority of cases appearing within a few hours or days after birth, are due to infection from some vaginal discharge, usually leucorrhœa, and more rarely gonorrhœal virus, either in the passage of the child through the vagina or by wiping its face with a cloth soiled with these discharges. It is also stated to be caused by soap entering the eyes during washing, the irritating qualities of some soaps being sufficient to cause quite an extensive inflammation.

In many cases in which the disease does not appear until a number of weeks after birth, exposure to cold wind or very bright light or irritating atmosphere may be assigned as the cause.

In the beginning of the attack, hyperæmia of the ocular and palpebral conjunctiva, with little or no discharge, excepting a slight sticky condition of the eyelashes and edges of the lids, with more or less photophobia and lachrymation on exposure to bright light, are the prominent symptoms; if taken in this stage, *cleanliness* will, in most cases, be all that is required; but the trouble is apparently so insignificant that unless the physician is a careful observer and looks to it himself in-

stead of taking the reply of too-knowing nurses that "baby is doing nicely," his attention will not be called to anything wrong until there is an aggravation of the previous symptoms in the shape of swelling of lids, marked hyperæmia of conjunctiva, pericorneal injection, photophobia, and copious secretion of tears. Even here, prompt treatment may cut short the attack, but in others, notwithstanding this, they progress unfavorably. The laxness of the surrounding tissues, especially in infants, favors serous infiltrations, often to an alarming extent, chemosis being very marked, with bulging forward of the lids to the level of the eyebrows, in extreme cases the upper lid usually hanging down and covering the lower. On exposing the eyeball by elevating the upper lid, the discharge is found to be copious, and changed from a serous character to thick, acrid, and puriform, it often being sufficient in quantity to roll down the cheeks, when its acrid nature is seen from the excoriated, raw appearance of the skin with which it has come in contact, making the infant a most deplorable-looking object. The palpebral conjunctiva is found swollen, spongy, with prominent papillæ, between which are fissures and, in exceptional cases, ectropion, caused by the marked swelling. In some cases the disease seems to simulate a diphtheritic ophthalmia, when the discharge will be more tenacious, and after syringing, will be found still clinging to the membrane underneath and can be picked off in shreds of a membranous form, while the surface underneath is of a deep red and moist character; in these cases the lids are more apt to be hard, with markedly increased temperature. Lesions of the cornea may appear at any time during the progress of the trouble, its first appearance being usually in the form of a small spot of purulent infiltration, which may rapidly increase in size, both in depth and circumference, leading on to perforation of the cornea and prolapsus of the iris. In other cases the first symptom may be in the form of a general diffused haziness, which in the beginning might be readily overlooked, unless examined with very good light. In rare cases, the subjects being poorly nourished babes, the cornea may seem to be attacked universally and break down throughout, being unable to withstand the extensive infiltration into its substance. The weight of the swollen and infiltrated tissues pressing on the nutrient vessels of the cornea cut off, to a greater or less extent, its supply of nourishment. This, together with the contact of the acrid pus, is supposed to be the chief factor in causing ulceration, and naturally this

may not appear until late in the disease. The cornea being the most important structure involved is the one which should receive our greatest care, and frequent examinations are necessary, first removing all discharge either by wiping with absorbent cotton or syringing with tepid water, otherwise portions of discharge might cover up a forming ulcer. This is especially true on the edge of the cornea where the overhanging conjunctiva may retain the discharge. Care must be used not to make unnecessary pressure on the eyeball when separating the lids, or damage may be done in this way. As a rule, pain is not marked during this disease, except when the eye is disturbed or handled.

The general conditions of the child and its manner of nourishment, together with the eye lesions, must be taken into account in our prognosis. In the more severe cases the result may prove much better and with less permanent damage than could possibly be anticipated. As a preventive of ophthalmia neonatorum many obstetricians take the precaution of keeping the vagina sweet and clean, both for some time previous to, and also during labor, by antiseptic injections, and the results of those of large experience go to prove its value. In the General Hospital in Vienna, purulent conjunctivitis is very rare in the newly born, and the reason for this is claimed to be the precautions taken before and immediately following birth. Frequent examinations are made before labor and all vaginal secretions removed by Carbolic acid injections. After birth a couple of drops of a very weak solution of Nitrate of silver are inserted beneath the lids of the babe. Credî, of Leipsic, substitutes Nitric acid for the Nitrate of silver, and claims wonderful results. The use of caustics in this way will of itself cause a slight inflammation, which subsides in a few days. This is a question which is open to doubt, many eminent men claiming as good results without resorting to such severe measures.

Cleanliness is the main point in the treatment of the affection, by whatever means it may be secured. As in very many cases it will be impossible for the physician to be on hand to attend to this, a faithful and intelligent nurse is requisite, and much will depend on how she follows out his directions. It is surprising how fast the discharge accumulates, notably in the cases due to gonorrhœal infection. A soft rag or absorbent cotton usually will be sufficient to remove the discharges, but in some cases where the lids are greatly swollen and pain is caused by separating them, a small smooth-nozzled syringe,

the point of which is carefully introduced under the upper lid, will be more effective as well as more convenient. In syringing the eyes an addition of Boracic acid to the water, to render it antiseptic, will be of advantage. In case the temperature of the lids is much above normal, cold compresses or even ice should be kept continuously over the eyes. In Vienna, in the various Polikliniks connected with the General Hospital, Argentum nitricum is used locally empirically. The lids being everted, a camel's-hair brush dipped in a two-per-cent. solution of Argentum nitricum is brushed lightly on the palpebral conjunctiva, followed by water without stint. If the cornea is involved, a two-per-cent. solution of Atropia is dropped into the eyes twice daily. I have seen a number of cases treated in this way without internal medicine and without especial directions about the diet, etc., and the results have been much better than I anticipated. In some cases where treatment has been begun late, paracentesis of the cornea may be required to prevent perforation. If the congestion and swelling are sufficient to cause strangulation,—this being rare in infants, as the tissues are so soft,—incision at the outer canthus is recommended by good authorities, thus relieving the congestion. Incision into the orbital conjunctiva in case of very marked swelling is also recommended by some, while other observers claim this to be of little or no benefit, on account of the infiltrated materials being too thick and tenacious to readily flow away by such means.

In conclusion, I will add that if good results follow simple local treatment, together with hygiene, we, by the addition of the properly-selected homœopathic remedy, ought to fare much better; and any improvement, in the treatment of a disease which may cause such disastrous results, is most devoutly to be wished for. In selecting our remedy, we must not neglect to take into consideration all the symptoms, whether pertaining to the eyes or not, otherwise the benefit derived from the drug might not be what we had hoped for.

THE POSSIBLE CONSEQUENCES OF OPHTHALMIA NEONATORUM, AND HOW FAR AMENABLE TO TREATMENT.

BY W. H. BIGLER, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE fact that we often have an ophthalmia of infants that is not really the dread disease called *ophthalmia neonatorum*, and that the former has a tendency to disappear under very little

and simple treatment, has unfortunately nourished a degree of confidence in the efficiency of mother's milk, "fasting spittle," tea leaves, and other home remedies, that has in many instances proved most disastrous to the little patient suffering from true ophthalmia. Even among the members of the medical profession there are many who have needed, or still need the lesson taught by eyes blinded, and life prospects blasted, to rouse them from the false security into which they have been lulled by the cure of a few cases of simple catarrhal conjunctivitis with the indicated remedy. That eyes will continue to be lost in this disease, both through neglect, and even in spite of the most careful treatment, is not a matter of doubt, and the only purpose of the following short paper is to aid the physician in giving a rational opinion as to the condition of the patient's vision, and the possibilities of improving it. The absolutely hopeless condition of some of the patients brought to oculists with the expectation of having vision restored by an operation —expectations raised by their physicians—proves that such aid is not entirely uncalled for.

Distinct vision depends upon the integrity, first, of the refractive media of the eye (the cornea, lens, aqueous, and vitreous); secondly, of the perceptive layer (the retina); and thirdly, of the nervous connection with the brain (the optic nerve). The degree of impairment of vision will in any case depend upon the extent to which the integrity of one or all of these has been affected. We may, however, from our present point of view, confine our attention to the consideration of the refractive media, since the cases in which the other two factors of distinct vision would be influenced by an attack of ophthalmia neonatorum would be exceptional, and would result from complications so severe as to have placed the patient under the care of a specialist at an early period of the attack.

The great danger in purulent catarrh is the implication of the cornea. Where the inflammation runs very high, and the conjunctiva bulbi has become infiltrated, causing chemosis, the nutrition of the cornea becomes impaired and a tendency to ulceration established. Simple infiltration of the cornea may ensue, which may be reabsorbed in the subsidence of the inflammation, and leave little or no trace behind. Should it, however, break down into an ulcer the consequences are graver. If the ulcer remain superficial, the subsequent damage to the eye will be proportioned to the position and density of the nebula or macula resulting from its filling up, but will be slight in comparison with that which will follow a deep perforating ulcer.

In this last, layer after layer of the corneal tissue melts away, until its lining membrane (Descemet's) is perforated, and, with a gush of its contents, the anterior chamber is penetrated. We then have one or more of the following complications: 1. Prolapse of the iris; 2. Anterior synechiæ (*i. e.*, a gluing of the anterior surface of the iris to the posterior surface of the cornea, by which the anterior chamber is partially or totally obliterated, and the pupil displaced or closed); 3. Central capsular cataract; or, (4) Anterior staphyloma, partial or total (*i. e.*, a bulging of cicatricial tissue that has replaced the cornea proper at the site of previous ulcers).

These are the consequences that may result from an attack of ophthalmia neonatorum, by which the eyesight may be simply impaired or totally ruined. Fortunately, some of them can be remedied, in a measure, by operative interference, and as already said, it is the purpose of this paper concisely to indicate the principles upon which to base our prognosis of its result.

Where there has been only superficial ulceration and no perforation, the opacity resulting may still seriously interfere with vision by being opposite the natural pupil, and, in the case of children, will be very likely to cause a strabismus, by which the rays of light are allowed to pass into the eye through the pupil to the side of the scar. An operation to relieve such strabismus, so long as the visual perception of the eye is good, will not redound to the reputation of the operator unless accompanied by one for an artificial pupil, and even then the success will remain doubtful.

Where the ulceration has been extensive, either in breadth or depth, where, therefore, the place of the true cornea has been taken to a large extent by cicatricial tissue—either as leucoma or staphyloma—the essential prerequisite to any operation is the existence of some portion of transparent cornea, with a sufficiently deep anterior chamber behind it to allow of an iridectomy. This point, although so self-evident, is often lost sight of by the physician, and the possibility of improvement conceded in cases where nothing short of a miracle could benefit. Granted even that an artificial pupil is possible, there may be an opacity in the lens sufficient to prevent the rays of light from reaching the perceptive layer. As we have seen, the perforating of an ulcer, by allowing a sudden evacuation of the aqueous, may cause an advancement of the lens to such an extent as to bring it into contact with the posterior surface of the cornea, or, in some extreme cases, even

to allow of its extrusion from the ball. Although the reaccumulation of aqueous humor may, in the former favorable cases, restore the parts to their normal situations, an anterior capsular cataract is very likely to result, which will interfere with perfect central vision, and which cannot be relieved except by operation.

The discovery of such a cataract would not be difficult by means of focal illumination, and should, therefore, in all cases be looked for before announcing any prognosis.

Before closing we would refer to that class of cases, where the interference with distinct vision is either not enough, or not of such a character, as to warrant operative interference, where a superficial infiltration of the cornea has produced only a nebula, or slight, translucent cloudiness. Here the local application of some stimulant combined with the internal use of the indicated remedy, if any can be found, should be perseveringly tried. *Mercurius dulcis*, dusted into the eye, or an ointment, composed of 1–3 grains of the yellow oxide of mercury to an ounce of Vaseline, rubbed into the eye, with gentle massage through the closed upper lid, is best adapted for the purpose. The subconjunctival injection of a weak solution of *Natrum muriaticum* has also been recommended.

The younger the patient the more chance of success, since such opacities have a tendency to become thinner as the patient advances to adult age.

In spite of all, however, we must acknowledge that the consequences of ophthalmia neonatorum may be terribly disastrous, that our means of relieving them are very limited, and that we should, therefore, be thoroughly furnished with all means to combat the disease, always remembering that prevention is better than cure.

Miscellaneous Contributions.

ON THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA OF MESSRS. BOERICKE & TAFEL.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

We have long felt the need of a complete and reliable homœopathic pharmacopœia. There is, indeed, so much difference between the old and new schools of medicine, that we cannot use the old-school works, to any great extent, even for the preparation of those drugs which are common to both. What is needed is a work that shall give us all the informa-

tion that can be of any possible use to us concerning every drug used in our practice. This, the new work by Bœricke & Tafel aims to do, and they have succeeded in giving us a work far ahead of anything which has heretofore been published by our school, a work which no physician can afford to get along without.

But we are looking forward to the time when even this valuable work shall be improved. I offer some suggestions as to the additions which would be of service to the profession.

In the first place, there is needed an arrangement of the drugs according to their classification in natural history. I will not say that such an arrangement must of necessity take the place of the alphabetical plan adhered to in most pharmacopœias. But we do need, somewhere in the book, such a classification, to aid us in our studies in Materia Medica. While perhaps it may be said that I am aiming at something beyond the province of a work of this kind, still it is needed somewhere, and I think it could better be placed here, than in our Materia Medica, which is already so cumbersome. There is such an intimate relation between the physiological actions of medicines, which are closely connected by ties of natural relationship, that almost the first thing we want to know, when we begin to study a drug, is, what are its near relatives. I would then like to see added to the present work a classification of at least the vegetable remedies, according to their proper botanical orders, so that we may see at a glance the natural relatives of a plant.

Another point which is entirely lost sight of in homœopathic works, is the subject of maximum doses. It is true there is no pressing necessity for this, with one who never uses anything but potentized remedies, except in cases of accidental poisoning. Still, there are many who do use even the crude material. To such it is a necessity, and to others a matter of information, to know just what are the teachings of experience in regard to the maximum dose.

Again, there are cases (I admit they are very few) which, though beyond all possibility of cure, do demand, by reason of intense suffering, palliative measures. Concerning the preparation and doses of such drugs, homœopathic literature is silent. It should be recognized, and the proper and safe doses mentioned in connection with such drugs, together with directions for dispensing them. The question is often asked by students, How low is it safe to give Lachesis, Nux vom., Prussic acid, etc.? All such points should be thoroughly answered in our

Pharmacopœia, so that our students would not be obliged to buy costly allopathic works to obtain these crumbs of information.

I have been very carefully over every vegetable remedy in the new Pharmacopœia, and am gratified to find so few mistakes. The matter of classification is the only thing which requires criticism, and in this I do not find half so many mistakes as there are in Stillé and Maisch. I am glad to find that some of the remedies mentioned under wrong orders by Allen (who is generally very correct) have been correctly placed in the Pharmacopœia. For instance, Colchicum, Veratrum, Helonias, Sabadilla, are placed under the order *Melanthaceæ*, where they belong, and Paris quad. under Smilaceæ, where it belongs, although Allen classes them all under Liliaceæ, using an obsolete classification. The following is a complete list of mistakes of this nature which I find in the entire work. Bentham & Hooker, as far as published, is my authority for these corrections.

Ailanthus is placed in Xanthoxylaceæ; should be in *Simarubeæ*.

Amygdala is placed in Amygdalæ; should be in *Rosaceæ*, of which Amygdalæ is a subdivision only.

Anthemis is in Asteraceæ; should be in Compositæ, and in the sub-order Anthemideæ; could not be Asteraceæ.

Asparagus is under Smilaceæ; but according to De Candolle, should be in Liliaceæ, sub-order Asparageæ.

Brucea antidysenterica is in Apocynaceæ; should be under Loganaceæ. This was a manifest clerical error, as Nux vom. was placed correctly.

Brachyglottis repens (repanda) belongs in Compositæ; it is misplaced in Pharmacopœia (authority, Bentham & Hooker).

Canna glauca. Cannaceæ, mispelled Canniaceæ.

Trillium is put in Smilaceæ, like Asparagus, but belongs in Liliaceæ (authority, Watson).

Vinca minor does not belong in Asclepiadaceæ, but in the Apocynaceæ.

Erythroxylon coca belongs in Lineæ, not in Erythroxylaceæ.

Hura Braziliensis (vas. creptans) should not be in Rutaceæ, but in the Euphorbiaceæ (Hooker).

Inula, Elecampane, belongs in Compositæ, and not in an impossible Corymbiferæ.

Mikania guaco belongs also in Compositæ.

It is a matter of congratulation that so few errors have crept into this work.

A most valuable part of the work is its very complete and exhaustive index, the work of Dr. Charles Mohr, being of itself worth twice the price of the work, just for the facility thus provided for hunting up a remedy from any one of its synonyms or common names.

DISCUSSION ON OPHTHALMIA NEONATORUM, ETC.,

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CLARENCE BARTLETT, M.D.

Dr. J. C. Morgan had treated a case of gonorrhœal ophthalmia in a new-born babe, in which there was no doubt of the specific origin of the trouble, as the father acknowledged having infected the mother shortly before labor. There was a perforation of the outer layers of the cornea, and the layer of Descemet protruded. The mother received Plumbum aceticum 1600, and also one dose of Sulphur in a high potency; the child, Chamomilla 1000. The mother's milk was the only local application. In the course of ten days or two weeks the ulcer had entirely healed, and there was a little spot no larger than a pin-head to show where the perforation had been. In speaking of otorrhœa, Dr. Morgan said that injections twice a day of milk and warm water are a perfect detergent for a suppurating ear. If it should fail, good white sugar is a sufficient local remedy. If possible, the local application should be the same as the internal remedy, and should, preferably, belong to the *food* articles. Calcarea sulphurica 12 to 30^{x} is a valuable remedy in suppuration of the middle ear.

Dr. H. N. Martin suggested Phosphorus as a possible remedy in spasmodic stricture of the larynx. In a case of spasmodic stricture of the œsophagus, Phosphorus 200 and 3000 had been of great service. An important point in ophthalmia neonatorum is to clean the eye twice a day with warm water and milk. The most useful remedies, in his experience, had been Sulphur and Lycopodium. Lycopodium is indicated where there is a great quantity of yellow pus. The eyelids are bulged out beyond the eyebrows. Chronic otorrhœa is one of the worst things to treat with potentized medicines. He was at present treating a case of otorrhœa which had

bothered him for several years. The child would come a few weeks, improve a little, and then go away disgusted. She was at present being treated by daily cleansing of the ear, after which a piece of absorbent cotton was put into it.

Dr. Charles M. Thomas did not agree with Dr. Morgan or Dr. Martin with reference to waiting for the effects of the homœopathic remedy in ophthalmia neonatorum. As a rule, in true cases of the disease, there is no time to wait. The disease may run its course and ruin an eye in twenty-four hours. We should depend, to a great extent, on the internal remedy, but local treatment should not be discarded. The parts *must* be kept clean. Some will advocate leaving the discharge to nature. He did not believe that the necessity of cleanliness in ophthalmia neonatorum was understood by some physicians. Dr. Martin advises that the eyes be cleaned twice a day. In genuine cases of the disease the eye might go on to complete destruction between these two cleansings. It is often necessary to CLEAN THE EYE EVERY THREE MINUTES DAY AND NIGHT. In many cases the discharge can be seen to "well up" within the inflamed conjunctiva as fast as it is removed. Of what use can cleaning once, twice, or a dozen times in the twenty-four hours be in such cases? With regard to local applications we should, if possible, make use of remedies corresponding to the medicine taken internally. In ophthalmia neonatorum there are very few symptoms to decide the remedy. There are very few remedies having the characteristic symptoms of this disease, and these are prominently, Pulsatilla and Argentum nitricum. The latter is the remedy used locally for years by the old school, and is the best adapted for the treatment of this disease. In the vast majority of cases we get the best results from the local use of a one- or two-per-cent solution of Nitrate of silver. In cases where the disease has gone on to ulceration, we have not the right to depend simply upon milk and water and internal medication, and discard every other procedure. In many cases paracentesis of the cornea has been the salvation of the eye when its total destruction seemed imminent.

Dr. Martin claimed that the homœopathic remedy would act as quickly as the ulceration.

Dr. Farrington had treated quite a number of cases of ophthalmia neonatorum, and Dr. Thomas had helped him out several times. In one case, where one eye was lost before anything could be done, he had called in Dr. Thomas. The other eye was treated by thorough and frequent cleansing. Layer

after layer of the cornea disappeared. Finally, paracentesis was resorted to twice or three times, to prevent rupture of the cornea. In spite of this the ulceration progressed. The child began to waste away, and looked as if it might die. Nitrate of silver was used. Observing that the emaciation might have some connection with the Nitrate of silver used, and noticing that the discharge had become thinner and more acrid, a remedy was selected which would act on the child's general organism, and at the same time suit the local condition, and was also antidotal to Nitrate of silver. Natrum mur. 30 was given, and the child improved wonderfully in flesh. General nutrition improved so much that, whereas a rupture of the cornea seemed imminent, the ulcer healed. The other eye Dr. Thomas hopes to relieve of its disfigurement by staining the opaque structure. In this case Natrum mur. would have been of no use without paracentesis. That delicate membrane could not have withstood the pressure behind it.

Dr. Korndoerfer deplored the fact that the papers of the evening made no mention of homœopathic treatment. He did not think that cases of otorrhœa required anything like the amount of external treatment which is generally employed. During an experience of fifteen years he had lost but one eye. Dr. Thomas had seen the patient with him, but too late to do anything. The destructive process began and ended in twelve hours—between two visits. He had found the potentized drug to be of the greatest efficacy, and had never met a case that required any other treatment, because the indicated remedy acted rapidly enough to avoid such a necessity. He had had a few cases of eye diseases resulting in slight opacity of the cornea, but under the continued application of the remedy—Sulphur, Silicea, or Fluoric acid—these greatly improved. There are cases where, from our ignorance of remedies, we cannot cover the ground; and in those cases our remedial measures must be more or less experimental, simply because we know no better. In regard to otorrhœa, Dr. Korndoerfer said that he had cured many cases, and that many cases had left him because of the length of time demanded for their treatment.

Dr. W. H. Bigler thought the reproach that there had been no mention made of homœopathic treatment in the papers read, was scarcely deserved, certainly not by himself, since the conditions treated of in his paper were such as not even the most sanguine prescriber would claim to be amenable to internal medication. It was pretty generally acknowledged at the present day that the wet applications, with which mucous

surfaces were formerly drenched, were nearly always out of place, and generally injurious; most aurologists now are in favor of dry cleansing and dry applications to the ears; hence he would be opposed to the milk-and-water treatment of Dr. Morgan. He could not, at any rate, see why milk and sugar should be less objectionable or more suitable for the ear than Boracic acid. [Dr. Morgan interrupted, "They are not drugs."] That could hardly be said now, since we have both milk and sugar potentized. Further, in regard to Dr. Morgan's case of ophthalmia neonatorum, he did not think the doctor had been quite consistent in his homœopathic practice, since that child had really received three remedies,—Plumbum and Sulphur, *very* high, through the mother, while taking Cham. high, on its own account. This was scarcely pure homœopathy. He (Dr. Bigler) had several times cured *crusta lactea* in nursing babes by giving the indicated remedy to the mother, showing that the medicinal effect was manifested either in or through the milk.

Dr. Bartlett said that it was not advisable to clean ears affected with otorrhœa, by syringing. He had done so in the past, and was satisfied that in so doing he had more than once done the ear injury.

Dr. Dudley had lost two eyes from ophthalmia neonatorum, both in the same individual. Of late years he had often used Argentum nitricum locally and internally, though he had also used Lycop., Hepar s., Silic., Bell., etc., according to indications. As regards the local use of Boracic acid, it should not be looked upon as a drug unless, by local absorption, it is found to exert its drug effects. Many of us are prejudiced against local applications simply because they are not homœopathic, but we should never allow this feeling to prevent our use of necessary means for securing cleanliness.

Dr. Marter had not had an experience with ophthalmia quite so extensive as some others, but he had used quite a number of remedies, such as Lycopodium, Sulphur, Calcarea carb., and Pulsatilla, but he had never found any remedy to equal Argentum nitricum 30.

Dr. Thomas entered a strong protest against cleaning an eye with mother's milk. He could scarcely believe in milk as an antiseptic dressing. Moreover, he did not believe that any mother was competent to clean the eye. He had seen but few physicians who were able to do it. Some physicians are unable to separate the lids properly. If the physician himself cannot do it the mother cannot be expected to do it. He had

never seen a nurse who could clean an eye unless she had first received repeated instructions.

Dr. Mohr referred to the use of Euphrasia in ophthalmia neonatorum. He had had a case in which he used Argentum nitricum locally and internally. The cornea became hazy and the discharge acrid, when he changed to Euphrasia, giving repeated doses. In a few days there was great improvement and the eye cleared up entirely.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

The stated meeting of the Society was held on Thursday evening, November 9th, 1882, at the Hahnemann Medical College; Dr. W. B. Trites in the chair. Sixty-eight physicians were present.

The reading of the minutes of the October meeting was dispensed with.

The committees on the introduction of homœopathy into Blockley Almshouse, and the introduction of the Night Medical Service in Philadelphia, reported progress.

Dr. H. Noah Martin, for the committee on the homœopathic treatment of small-pox patients in the Municipal Hospital, reported as follows: "I addressed a letter to Dr. Wm. H. Ford, chairman of the committee on Municipal Hospital, stating the object of our committee as instructed by the society, but up to this date he has neither answered me nor returned the postage stamp sent him for return letter."

Dr. M. S. Williamson, chairman of the committee to solicit subscriptions to aid in liquidating the debt of the Pennsylvania State Society, reported the further collection of $27, with more to come.

Dr. C. Mohr, for the standing committee on Organization, etc., reported progress on the efforts to secure a commission for the proper medical inspection of the public schools of Philadelphia, and said he hoped soon to call a special meeting of the society for a full discussion of all the questions involved.

Dr. E. A. Farrington, chairman of the committee on the joint resolution now pending in Congress, to prevent discrimination against any school of medical practice, reported that the subject had received due consideration, and that it was worthy the hearty and united support of the society, acting in conjunc-

tion with the legislative committee of the American Institute of Homœopathy. For the committee Dr. Farrington offered the following resolutions:

"*Resolved*, that in conformity with the request of the Committee on Legislation, of the American Institute of Homœopathy, we pledge ourselves to aid in securing the passage of the Joint Resolution now pending in Congress relative to schools of medical practice in the United States, whereby it is proposed to secure official recognition of the equal rights of all physicians, irrespective of school, to examination for and appointment to positions in the medical corps of the United States Army and Navy, and of the Civil Service.

"*Resolved*, That the standing committee on organization, medical education, statistics, and legislation, be instructed to co-operate with the Committee on Legislation of the American Institute of Homœopathy, in the effort to secure the passage of said Joint Resolution, and further, that said standing committee suggest similar action on the part of the proper committee of the Pennsylvania State Society, and of our various local societies.

"*Resolved*, That we hereby tender our thanks to those members of the Senate and House of Representatives of the United States, who have already favored the Joint Resolution referred to."

Dr. John C. Morgan favored the adoption of the resolutions as offered, and urged all members of the society to work earnestly for the proposed act. The report was accepted, and the resolutions unanimously adopted.

Dr. John E. James, Chairman of the Bureau of Surgery and Clinical Surgery, announced his associates for the ensuing year to be Drs. C. M. Thomas, W. C. Goodno, W. B. Trites, and M. Macfarlan.

Dr. Eduardo Fornias, Chairman of the Bureau of Zymoses and Dermatology, announced that his bureau would report December 14th, 1882, the subjects being:

"Status Præsens of the Knowledge of Zymoses."

"Homœopathy and the Bacteria Craze," by Dr. E. A. Farrington.

"Varieties of Tricophytosis," by Dr. E. M. Gramm.

"The Secretions during Typhoid Fever," by Dr. P. Dudley.

"Differential Diagnosis between Typhoid and Typho-malarial Fever," by Dr. C. Mohr.

"Comments on the Treatment of Typhoid Fever," by Dr. E. Fornias.

Dr. Wm. M. Zerns was proposed for membership. Referred under the rules.

The Bureau of Ophthalmology, Otology, and Laryngology then submitted their annual report, through Dr. Clarence Bartlett, Chairman. The following papers were read:

a. "The Mechanical Treatment of Laryngo-tracheal Stenosis," by H. F. Ivins, M.D.

b. "Ophthalmia Neonatorum," by Percival O. B. Gause, M.D.

c. "Treatment of After Effects of Ophthalmia Neonatorum," by W. H. Bigler, M.D.

d. "Treatment of Chronic Otorrhœa by Dry Boracic Acid," by C. Bartlett, M.D.

The papers were duly accepted and referred for publication. A discussion then ensued, participated in by Drs. Thomas (C. M.), Morgan, Martin, Farrington, Korndœrfer, Bigler, Bartlett, Marter, and Mohr.

Dr. H. F. Ivins was appointed Chairman of the Bureau of Ophthalmology, Otology, and Laryngology, for the ensuing year, and then the Society adjourned.

A WORD IN REGARD TO LAPPA OFFICINALIS.

Now that the Central Ohio Homœopathic Medical Society proposes this as one of the drugs to be proven, I beg leave to suggest that a tincture from the seeds be used.

The plant is a biennial, and the root of the first year's growth is the part recommended by pharmacists; but I find that by far the strongest tincture is to be obtained from the seeds.

To 1190 grammes of seeds, one year old, I added 1050 c.c. of "Cologne spirits," and 600 c.c. of distilled water. After letting it stand one month, I got, by using a press, 1100 c.c. of tincture. Had I ground the seeds, before macerating, the yield would have been greater. As it is, I have a tincture of an intense and persistent bitterness, and much stronger than any I have had from the root.

The active principle is, probably, in the gum-resin with which the seeds abound, and I believe *strong* alcohol alone will furnish a better tincture than one in which water is used.

One word to those who may essay to prove this drug may not be amiss. One of my provers, a lady physician, took 380 minims of the mother tincture of the root before she observed any symptoms. She made a subsequent proving with the 6^{x} dilution, and, on sending me her daybooks, said: "I would really like to know why from a large dose [of the θ] I should get fewer responses than from a smaller dose?"

The hint is, not to get discouraged if "symptoms" do not follow at once; and to prove the dilutions after the mother tincture has aroused the responsivity of the organism.

S. A. Jones.

Ann Arbor, October 25th, 1882.

THE
HAHNEMANNIAN
MONTHLY.
A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. IV. Philadelphia, Pa., December, 1882. No. 12.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE LUNATIC'S RIGHT TO LIBERTY.—There exists, in the minds of most Americans, a very comfortable and very erroneous notion that, in this free country, no individual can be deprived of his liberty without due process of law. Processes of law we have in superabundance, but they are not all "*due*" and proper processes. Considering how intensely jealous of personal liberty we as a nation are, it is a little surprising that in so many States of the Union, people may be dragged from their homes and from their business, and incarcerated for months or years, perhaps for a lifetime, in what is sometimes worse than an ordinary prison-cell, and all simply by the fiat of one or two private individuals who possess not the slightest right to control the person of their victim, the legally constituted protectors of the individual's rights remaining meanwhile in blissful ignorance of the whole transaction during the entire period of imprisonment. These things are done upon the presumption that the victims are subjects of various forms of insanity, but the actual existence of mental disorder is not always a necessary condition. Such infringements of men's

personal rights being possible, we must concede the probability of their frequent occurrence, unless we are prepared to believe either that all men are honest, or else that nothing is to be gained through their accomplishment by cunning and unscrupulous people.

A few weeks ago, a lady, residing in New York city, was forcibly dragged from her home (so it is alleged), transported to another State, and imprisoned in a private asylum. This lady was entitled to a share in the immense estate of her father, who was then lying at the point of death, and the men whom she charges with her abduction and imprisonment were the executors of her father's will, and were both personally interested in keeping her confined until certain steps could be taken, looking to the settlement of the estate. Without stopping to consider the lady's mental condition,—admitting that she was as crazy as a loon, the whole transaction is redolent of criminality. Other cases, equally suspicious, are constantly coming to light in various parts of the country, and it is rarely indeed that one hears of punishment being meted out to the guilty parties.

One of the peculiar hardships incident to the victim of this crime, arises from the tendency of the average juryman to suppose that there may or must have been some slight mental infirmity which prompted the act, and which, in his mind, constitutes a somewhat sufficient excuse for it. In nearly all cases the guilty scoundrels succeed in trumping up some frivolous pretext to palliate and, if possible, to justify their crime in the eyes of easy judges and of ignorant jurymen, and the villains go scot free. We remember one instance, in which the fact that a woman "got mad" at being confined in a madhouse, was brought forward as an evidence of her fitness for the ward of a lunatic asylum, and we regret to say that this evidence was seriously and not unfavorably commented upon by the judge in his charge to the jury, as furnishing a possible excuse for her illegal detention.

One of our medical contemporaries recently suggested a regular system of hospital inspection as a means of abolishing this crime, or, at least, of speedily restoring its victims to their rights. It seems scarcely possible, however, that such a system could be made efficient, and even if it could, it is not the proper method of striking at the evil. Surely a person suspected only of disease ought to be surrounded by safeguards, at least equal to those enjoyed by the suspected criminal. No commitment to, or reception by, a hospital for the insane, should

be allowed against the patient's wish, until all the facts and circumstances, bearing in any manner upon the case, have been investigated by a magistrate, and in the presence of legal counsel appointed for the alleged patient; and the removal of a supposed lunatic to another state, except by express permission of the judicial authorities, should in all cases be visited with the severest penalties. A recent grand jury, in New York city, made some practical suggestions in this direction. They propose that the alleged lunatic shall be examined by three physicians, appointed by a judge, who shall investigate the case in presence of counsel for the "accused," and that a majority verdict, with the concurrence of the judge, shall be necessary to a commitment. In view of the personal liberty guarantees of our national constitution, it would seem to be the duty of Congress, rather than of State legislatures, to enact uniform laws relating to this subject. Perhaps the American Institute's Committee on Legislation might win some reputation for homœopathy by giving this matter their attention.

Our Legislative Struggle.—On our news pages will be found an important circular from the Committee on Legislation of the American Institute of Homœopathy, bearing upon the subject of the Surgeon-General's refusal to admit homœopathic physicians and the graduates of colleges in which homœopathy is taught, to examination for, or appointment to, positions in the medical corps of the army. The American Institute now proposes to find out whether or not the American people indorse this piece of petty usurpation, and, if possible, to secure prohibitory legislation on the subject. It is a matter which affects not merely the dignity and self-respect of the medical profession as a whole, but the welfare of all our people also, and is one in which every homœopathic physician in the United States has a deep personal interest.

As the Institute's "Committee on Legislation" is necessarily somewhat restricted in its field of operations, the Hahnemannian Monthly, acting with the knowledge and sanction of the Chairman of the Legislation Committee—Dr. John C. Morgan, of Philadelphia,—has undertaken to send out duplicate copies of *a petition*, prepared for presentation to Congress at the approaching session. These duplicate petitions will be found amongst our advertising pages. Every homœopathic physician in the United States whose address we have been able to obtain, will receive a copy of this number of the Hahnemannian, and with it, of course, the duplicate petitions. Let each physician carefully cut out the petitions, paste

them down upon separate sheets of foolscap or letter-paper, add other sheets to these by pasting their edges together, and obtain as many signatures of citizens as possible. Do not forget to *have each citizen sign both petitions*, one for the Senate and one for the House. Then forward them (inclosing a brief note) by mail to Dr. J. C. Morgan, 1706 Green Street, Philadelphia, who will arrange them for presentation to the two Houses. Dr. Morgan ought to have them all in hand by January 1st at the very latest.

Let us each do our best in this matter. Public sentiment is with us in this demand for our rights, and we have only to secure its expression in our Congressional halls, in order to win a substantial victory, just as we have done in all previous and similar efforts to obtain a just recognition of our rights.

"Something Particular."—Reader! If you are not already a subscriber to this journal, this copy is offered for your careful inspection. As you already guess our object, it need not be specifically stated. We invite you to examine this copy *critically* (not that you cannot find faults in it), for the purpose of learning whether its excellences so far outweigh its defects as to make it a desirable companion to you in some of your leisure minutes during the coming year.

Please look over its *Original* and *Miscellaneous Contributions*. You will doubtless find there some things with which you fully agree, and some also with which you do not. This latter point is a great advantage. You would but lightly esteem a medical journal which represents only the opinions of one man, even though that man were yourself. There is nothing like a little friction, for keeping up a high polish, and, provided it be good-natured attrition, it does no harm to either of the opposing bodies. Then examine its *Book Reviews* and see if they bear evidence of that honesty and fearlessness and fairness, without which the reviewer is a false light to the publisher, a fraud to the purchaser, and a perpetuator of all that is erroneous and discreditable in our literature. See if our *Gleanings* embody the most important and most useful facts presented in the general medical journalism of the day, so far as they *can* be presented in the pages of a single three-dollar periodical. Observe whether the pages devoted to *News* keep the reader informed of the current events and changes which interest physicians, and especially homœopathic physicians; and then, if you choose, turn back to our *Editorial* Articles and *Notes* to find out their quality and the sentiment that underlies them. And finally investigate the "*mechanical execution*" of the journal,

the quality of its paper, its type, its proof-reading, its general "make-up," its covers, and by no means fail to see whether the tone of the journal is being compromised by the reception of *advertisements* of an unworthy or improper character. On all these points you must be your own judge.

When we say that THE HAHNEMANNIAN aims to represent the general professional sentiment, we do not wish to be understood as intimating that it has no opinions of its own. On all subjects relating to the progress, the honor, and the *safety* of homœopathy and of general medical science, it never hesitates to give emphatic expression. It holds that any physician who practices homœopathy, ought to call himself a homœopathist, and ought not to surrender the title for the mere sake of conciliating the enemies of that system. Conversely it holds that any physician who calls himself a homœopathist, ought to practice homœopathy. Homœopathy as *he* understands it; not slavishly as somebody else teaches it. It holds that each physician has not only the right, but the duty, to study for himself, to reason for himself, to form his opinions for himself, and to decide for himself just how he will treat his own patients, and just whom he will or will not consult with. It holds that any physician who surrenders this right and this duty to any society or to any self-constituted master, wilfully keeps back a part of what he owes to his patient, and is unfit for the duties and unworthy of the honors of his profession. It holds that the *chief* office and business of such a journal as this, is to gather and dispense such information as will aid its readers in their daily practice. It holds various other opinions which can be learned by reading its pages for a year or two, and which find expression upon opportune occasions.

Now, as President Lincoln would have said, "If this is the sort of a journal that suits you, then you would probably be suited by this sort of a journal." *Our* opinion, as to what *you* want, is probably not worth much; but, to tell the honest truth (which we do sometimes, notwithstanding certain recent intimations to the contrary), we do not see how any progressive homœopathist —or allopathist either—can afford to do without the HAHNEMANNIAN MONTHLY; and as the new volume begins with our next number, which will be packed full of good things, might it not be well to sit down NOW, and write an order to the Business Manager?

THE INSTITUTE'S NEXT PLACE OF MEETING.—Some suggestions are afloat, looking toward a change in the place of meeting of the American Institute of Homœopathy, from

Niagara Falls to some other locality. The precedent established last year, when the executive committee changed the place of meeting from Richmond, Va., to Indianapolis, Ind., was based on a presumed impracticability of holding the session properly in the first-named city, and unless some equally imperative reason is given for abandoning Niagara Falls, the committee, so we are informed, will not favorably entertain such a proposition, especially in view of the unanimity with which the selection was made at the Indianapolis meeting. Beyond any great doubt, the next meeting will be held at Niagara, as at first announced.

Acknowledgment.—We are indebted to William Wood & Co., the enterprising medical publishers of New York city, for two of the engravings used in illustration of Dr. H. F. Ivins's paper on Laryngo-tracheal Stenosis. One of these illustrations is from Cohen's splendid work on "Diseases of the Throat and Nasal Passages," and the other from Mackenzie's well-known book on "The Pharynx, Larynx, and Trachea." Both these works are for sale by the above-mentioned firm.

Notes and Comments.

Typhoid Fever in Paris is a serious matter. Early in October there were nearly 1000 cases in the hospitals, and 134 deaths in one week were ascribed to that disease.

The Single Remedy.—Dr. Lena recommends the use of bread made with sea-water in the treatment of scrofula.—*Medical News.* Homœopathists prefer to discriminate between Natrum mur., Iodine, etc.

Bane for Bacilli.—M. de Koral has communicated to the Paris *Academie des Sciences* an account of some experiments, indicating that "a substance called *helenine*" will destroy the bacilli of tubercle so completely as to render the infected solution innocuous.

Mrs. Langtry and the Code.—The *New York Medical Record* has an amusing account of a pretended "interview" with Mrs. Langtry. She said she "was *not* a homœopathist," and that she "believed in the New York Code." In view of her second statement, her first was entirely superfluous.

The Prolific Bacterium.—Cohn estimates that one bacterial rod, under favorable circumstances, will produce 281,500,000,000 in forty-eight hours; and that, were it not for the unfavorable circumstances incident to its situation, it would fill the ocean in five days!—*Popular Science Monthly*, November, 1882.

An Exemplary People.—A correspondent of *The Lancet* finds, by reference to notes and inquiries among other medical men, that seventy-five per cent. of adult males have had gonorrhœa once; forty per cent., twice; fifteen per cent., three or more times; yet no two medical men treat the disease in the same way.—*New York Medical Record.*

More Exclusivism.—Ziemssen gives the recoveries in diphtheritic croup (under allopathic treatment, of course), as 5 per cent. The Allegheny County (Pa.) Homœopathic Medical Society's members report the recoveries under their treatment as $30\frac{3}{7}$ per cent. (*vide Transactions of the Homœopathic Medical Society of Pennsylvania*, 1882). What an "exclusive dogma" it is, to be sure, which thus *shuts out* the angel of death from those 25 additional homes!

Myopia among School Children.—Dr. Mittendorf, in a recent examination of the pupils of some of the New York schools, found that the proportion of myopia cases varied from about 3 to $17\frac{1}{2}$ per cent. The disorder was found to be more prevalent among Germans than among Americans. At Columbia College, 35 per cent. of the students were near-sighted. From 30 to 40 per cent. of the myopic cases were in children of myopic parents. In all cases the trouble increased with the length of school-life.

Co(w)-education.—"It looks now as if horses and cows would be admitted to the University" (of Pennsylvania) "before women."—*Philada. Ledger.* Certainly! Why should not the intellectual qualities of our pupils keep pace with the improvement in our educational methods—boys, calves, colts, girls? It seems to be tacitly admitted by even our best universities that they are not yet competent to undertake the education of women, but they nearly all profess to be hoping for improved capacity in that direction.

Encouraging.—The Philadelphia *Press*, speaking of the enforced resignation of Dr. Van Valzah from the staff of Jefferson College (see our News columns), says, "The faculty has been severely criticised in professional circles for their action and for their attempt to keep the circumstance from the ear of the public." It is a good sign when men exhibit shame for their misdoing. Shame sometimes conduces to repentance, and *true* repentance always leads to reform. We caution our readers, however, not to count any Jefferson College chickens until they are hatched. The most promising incubation may yield only disappointment and sulphuretted hydrogen.

A Grateful Republic.—The Government's Board of Audit has fixed the pay (?) of Garfield's physicians as follows: Dr. D. W. Bliss, $6500; Dr. D. Hayes Agnew, $5000; Dr. Frank H. Hamilton, $5000; Dr. Robert Reyburn, $4000; Dr. S. H. Boynton, $4000; and Dr. Susan Edson, $3000; total, $27,500. If our government really desired to cover itself with the disgrace which attaches to the President's assassination, it could scarcely have hit upon more effective means than the niggardly treatment it has meted out to the men and the woman who strove to ward off the murderer's shot. It is comforting, however, to know that by cheating our doctors, we have saved more money to spend in cleaning out our ditches.

Insanity and Sin.—Evidently Dr. S. H. Talcott, Superintendent of the Middletown, N. Y., Asylum for the Insane, doesn't hold "a majority of the stock" in the "Moral Insanity" business. In the introductory lecture to his course on Insanity in the Hahnemann College of Philadelphia, he discussed the mental condition of President Garfield's murderer, and summed him up as "solidified sin—a corrupt chunk of the original raw apple." Dr. Talcott had excellent facilities for studying the mental and moral characteristics of that distinguished villain, and, if his logical methods of solving the question of Guiteau's mental condition were more frequently applied in our courts of justice, the plea of insanity would speedily lose some of its attractions, and human life would be more secure.

The World's Great Libraries.—Russia boasts a library, the Imperial Public Library, at St. Petersburg, that contains 1,000,000 volumes of books and 20,000 MSS. The British Museum, also free to the public, contains 1,500,000 printed books, 50,000 MSS., and 45,000 charters. The catalogues

of the latter are so numerous that they constitute in themselves quite an extensive library.

The library of Congress, containing 396,000 volumes, and 1000 MSS., is, as it should be, the largest in the United States; though the Boston Public Library, with its 395,478 books, is a powerful rival. And when we consider that the latter was founded only thirty years ago, while the former has reached its eighty-second year, we see that the race is decidedly in favor of the Boston institution. Congress must look to its laurels.

Liberty *versus* Toleration.—The old allopathic code *forbids* consultation with any but members of its own school. The New York Code *allows* consultation with any legally qualified physician. The homœopathic code acknowledges the *right* of each physician to do just as he pleases about it. The choice is, proscription, toleration, or liberty. That any self-respecting homœopathist should accept the counsel of a New York allopathist, is to us incomprehensible. Every New York homœopathist is the subject of a standing insult, put upon him by his allopathic neighbors. Had any tolerant and good-hearted brother tendered to Roger Williams "the privilege of worshipping God just as he wanted to," the stanch old freeman would have kicked him out of Rhode Island as an enemy of human rights. *He* proposed to have his rights *without* leave, and he *had* them. An honest physician knows that he must bear the responsibility of his own cases, and, therefore, dares not submit to the dictation of a society in *any* matter concerning the welfare of his patient. His liberty must reach as far as his accountability, and, to that extent, must be absolute.

New Publications.

Transactions of the Thirty-fifth Session of the American Institute of Homœopathy. Held at Indianapolis, Ind., June 14th, 15th, 16th, 17th, 1882. *Thirty-ninth Anniversary.* Pittsburgh: Press of Stevenson & Foster, 1882. Octavo, pp. 828.

This handsome volume comes out promptly, thanks to the energy of the Committee of Publication and particularly of the General Secretary. It is not possible, in a brief notice, to convey any adequate idea of the character of its contents, and we shall content ourselves with merely saying that the essays are as various as the departments of medical and surgical science, and differ as widely in real value as—well, as widely as the bitterest foe of the Institute could wish!

We do not mean that while some of the essays are of the highest order of merit, others are entirely lacking in anything that is considered valuable in medical science. What we do mean is that there are one or two papers that present views which, carried out to their widest extent in every-day practice, would add nothing to, and detract much from, the efficiency and success of our practitioners, and bring ridicule and dishonor upon homœopathy. And there are other papers, which, presenting nothing but what is useful and true, yet are made to serve up little or nothing except what is obtainable from college textbooks. It often happens that a writer is under the necessity of reviewing the regular textbook facts of his subject, in order to furnish a basis for the discussion of some proposition, and in such cases

no objection to such a course could be legitimate. But mere textbook information, presented for no special and important object, is out of place in a medical society, and might, with advantage, be omitted from its *Transactions.*

Quite a number of the papers contained in the volume will elicit especial interest. First, we might mention Dr. H. N. Martin's "Provings of Amorphous Phosphorus"—a very elaborate and exhaustive work. Dr. T. F. Allen will doubtless complain because the day-books of the provers, or at least some of them, were not presented to the Institute and published with the paper itself, so that readers could learn something definite about the order of succession of the symptoms, their relative intensity and predominance, the relation between the objective and certain subjective symptoms, etc. An artist may take a hillside, a valley, a stream, a herd, a clump of trees, a cloud and a bit of blue sky, and out of these may construct a hundred pictures, each differing from the others, and all widely at variance with the original picture from which he obtained them. So a "totality of symptoms" may present itself in almost innumerable ways, no one of which may be "*like*" the "drug-picture" which the most skilful physician selects as their homœopathic antidote. Carroll Dunham once, in conversation, said to us: "I believe less in characteristic symptoms than in characteristic *groupings* of symptoms." Among the most progressive minds of our school, many are coming to regard with more and more disfavor the arbitrary arrangement of symptoms in our textbooks of Materia Medica, and constantly feel the necessity of an arrangement of symptoms *precisely like that which was exhibited in the person of the prover.*

Dr. Thayer's "Report of Cases Cured with High Potencies"—*i. e.*, with the cm.—will be examined critically by most readers. It is scarcely a proper subject for discussion in this notice. The papers and discussion on "Tapeworm," the essays presented by the Bureau of Pædology, and several of those in the "Report on Clinical Medicine," will also be of practical use to the careful reader. Indeed, as much may be said of the Bureau reports generally.

Perhaps the chief interest of the volume may be said to centre in the papers on Pharmacy, presented in the "Report on Microscopy." The researches of Drs. Wesselhœft, Smith, Winslow, Jones, Rushmore, and others, if still persevered in, will assuredly, sooner or later, place our pharmaceutical preparations and processes on a basis of scientific accuracy and reliability, and we shall owe these gentlemen far more than we shall be able to pay them.

In the mechanical execution of the work there are fewer defects than in the preceding volume. We observe some places, however, in which a discussion, and in a few cases a paper, is somewhat marred by printer's errors, or by inaccurate punctuation. For example, in the "Report of the Committee on Dr. Hering's Library" (page 46), there are two somewhat glaring errors in grammar, caused, in the one case, by substituting "and" for "*We*" (second paragraph, third line), and, in the other, by

adding a superfluous "s,"—changing the mood of the verb "appoint" (third paragraph, second line). They do not look well in a *library* report.

There are two or three things which impress us forcibly, upon an examination of this, as of some other volumes of our Institute *Transactions: First*, that the minutes of the session might be more condensed, without necessarily omitting any point of the business or discussion. *Second*, that the discussions on scientific subjects contain a large amount of verbiage, which would be more honored in its omission than in its publication, and the force of the speaker's remarks be greatly improved thereby. *Third*, that when a member, in discussion, lets fall some remark which betrays his utter ignorance of the subject under consideration, it ought to be summarily suppressed by the Committee of Publication, both for the sake of the member himself, and for the credit of our Institute and cause. We met with one passage in the present volume which made our cheeks tingle.

An excellent portrait of President Breyfogle graces the volume. D.

Index—Catalogue of the Library of the Surgeon-General's Office; United States Army. Authors and Subjects. Vol. III. Cholecyanin—Dzondi. Washington: Government Printing Office, 1882. Royal Octavo. Pp. 1020.

It is but a few months ago that we had the pleasure of noticing vol. ii. of this grand work. Dr. Billings is pushing on the work with that remarkable energy which he exhibits in all his numerous undertakings in behalf of medical science. From a prefatory note we learn that this volume contains 9043 author titles, representing 10,076 volumes, and 7386 pamphlets. It also includes 8572 subject-titles of separate books and pamphlets, and 23,846 titles of articles in periodicals. There are also catalogued 4335 medical portraits under the heading, "Collection of Portraits." D.

The Homœopathic Physician's Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Second Edition. Boericke & Tafel, New York and Philadelphia.

This popular visiting list is again before the profession. It needs no word of commendation, being widely known as one of the most convenient works of the kind extant. D.

Visiting List and Prescription Record, Perpetual. By Otis Clapp & Sons. Boston and Providence, 1883.

Handsomely gotten up, convenient in size, and supplied with pencil and rubber, this visiting list commends itself as in every way suitable for the purposes for which it is issued.

A Hand-book of Homœopathic Practice. By George M. Ockford, M.D. Published by Duncan & Brothers, Chicago, 1882. Pp. 435.

The purpose of the author is to give "in a concise form, practical descriptions of the principal diseases and their treatment."

Some diseases are favored with a full therapy, others are not. In scrofula,

for instance, Lapis Albus, 3d to 6th, is recommended for the swellings, and after this, fourteen or fifteen drugs are enumerated, but without symptoms. The treatment of Rachitis is dismissed with suggestions as to diet and cleanliness, with the bare mention of seven drugs. That fashionable condition, Neurasthenia, is treated with electricity, nerve tonics, Erythroxylon, Ignatia, Cocculus, Phos., Nux, and Sulphur—no indications are given.

Omissions are, of course, to be expected in a work which aims at conciseness and convenience of size; but still it is to be regretted that though the author "culled from the writings of foreign and American authorities," he neglected such well-attested facts as Calc. Carb. in Gallstones (see Hughes's Pharmacodynamics), Phos. acid in grief, etc. An offset to these omissions, however, is the frequent mention of new and rare drugs, which are not usually found in other works of the kind. Of these drugs, we may mention Eucalyptus, Eup. aromaticum, Ceanothus Americanus, Kali Permanganicum, Monotropa uniflora, Agave, etc.

The author seems to prefer "Leptandria," to Leptandra, although the latter is the rendering in the list of remedies at the end of the book. "Aurum triph.," page 89, is evidently a misprint for Arum triph. "VALVULAR" mars page 144, "tubeculosis" page 103; and "Staphysagria"—a mis-spelling to which attention has been repeatedly drawn—is repeated over and over, instead of Staphisagria.

The book is of convenient size, and despite some imperfect type, presents a neat and inviting appearance. F.

RHEUMATISM, GOUT, AND SOME ALLIED DISORDERS. By Morris Longstreth, M.D. The October number of *Wood's Library* for 1882.

Dr. Longstreth favors the reader with a description of all forms of rheumatism and gout, their causes, pathology, symptoms, complications and treatment. The subject-matter is good (except that referring to treatment). The type is clear, and the arrangement of the work is excellent for easy reference and study.

HELPS TO HEAR. By James A. Campbell, M.D. Illustrated. Published by Duncan Brothers, Chicago, 1881.

This book offers to the profession a review of the audiphone, telephone, and similar inventions. As improvement in optics led to the invention of means for correcting defects in vision, so Dr. Campbell hopes and believes that improvements in instruments for the intensification and transmission of sound, will soon lead to the discovery of instruments for the relief of defective hearing.

THE CHANGE OF LIFE IN HEALTH AND DISEASE. A Clinical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life. By Edward John Lieb, M.D. Fourth Edition. Philadelphia: P. Blakiston, Son & Co., 1882.

This is an exhaustive treatise upon the phenomena of change of life, and will be read with interest by every practitioner who is anxious to do the best

for his patients who are passing through the critical period. From a close observation of a large number of cases, Dr. Lieb has drawn some original conclusions, which, whilst they may not always accord with our own opinions, will be found worthy of careful consideration.

A number of interesting tables, illustrating various physiological and pathological facts, are given, in one of which we find that 167 women, of a total of nearly 500,000, bore children after having passed their fiftieth year; a percentage just large enough to warrant care in diagnosis at this time of life.

The principles of hygiene recommended at the change of life, consist in the avoidance of marriage, which is considered to have been the cause of flooding, the aggravation of slight uterine disease, the development of cancer, and a cause of insanity. Curtailing the amount of food and stimulants to which patients have been accustomed; frequent baths in warm water, with prolonged rubbing afterward; exercise; sufficient sleep, and the avoidance of nervous disturbances.

The diseases of the ganglionic nervous system, cerebro-spinal diseases, diseases of the reproductive organs, intestinal tract, skin, and other affections occurring at the change of life, are all considered and illustrated by clinical cases. B. F. B.

Gleanings.

Arctium Lappa in Rheumatic Indications.—Arctium Lappa, according to a proving made by Dr. Mercer, of Chester, causes and cures pains in hands, knees, and ankles, extending from their several origins downward to fingers, toes, etc. Pains in all the joints. He has used it in rheumatism with success.

The Magnet in Paraplegic Contractures.—In treating some diseased conditions, Dr. D. Luis Barraquer favors the use of a magnet capable of sustaining a weight of two hundred and fifty to three hundred pounds. In a case of cerebral hæmorrhage, with consecutive hemiplegic contractures, one application of the magnet was followed by visible improvement; and after four sessions the forearm and fingers could be fully extended.—*New York Medical Record.*

Bromide Ulcers.—Dr. E. C. Seguin reports two instances of ulcers on the legs resulting from the bromide treatment. These ulcers were large, and were elevated quite uniformly above the skin. Their edges were abrupt, almost vertical, with no signs of cicatricial action. The floors were firm, and grayish-red, with here and there an adherent crust. The secretions were fetid, sanious, and puriform, and the ulcers bled upon being touched with moderate violence. So firm was the tissue of these ulcers that it did not look like ordinary granulation tissue; it was composed of large masses, and, at several points, presented a slightly villous, or rather papillomatous appearance. These ulcers looked like epitheliomata; but in each case they were symmetrical, and the microscope proved that they offered no evidence of malignancy.

They began as papules, became boils, and, after discharging, degenerated into ulcers.—*Archives of Medicine.*

Self-Purification of Drinking-Water.—Dr. H. Gibbons, Sr., in the *Pacific Medical and Surgical Journal*, closes a paper on sanitary subjects with the statement that, "Polluted water becomes purified by agitation in streams, by filtration in the earth, and by a spontaneous fermentation." We may be allowed to state what, perhaps, all sanitarians know, that no one of these three methods of self-purification of water is at all reliable. 1. The mere agitation of water in running streams has not the slightest purifying effect upon it except indirectly by bringing the foul matters in contact with atmospheric oxygen. 2. The purifying effects of filtration in the earth have also been demonstrated by recent experiments to be almost *nil*, so far as dissolved impurities are concerned, though suspended matters are doubtless thus removed. 3. Spontaneous fermentation, or other forms of chemical purification of sewage, goes on much more rapidly on land than in running streams, simply because of the more abundant supply of the necessary oxygen. The only method by which polluted streams purify themselves *rapidly* is by the diluting effect of numerous or large tributaries of purer waters.

"Shingles" Cured and Uncured.—Dr. Draper, in a recent Lecture, which is printed in the *Western Medical Reporter* for October, admits that "shingles" is not curable, but can only be palliated as it runs its course. He suggests that the thermo-cautery be used (!) This is rather amusing to homœopathists. We have just dismissed a patient cured, and all we used was Rhus^{30}, followed by Mezereum^{30}. F.

Acute Milk-Poisoning.—Dr. E. F. Brush, attending physician to the New York Infant Asylum, has, in the *Medical Record*, an interesting account of some personal observations respecting the causes of infantile choleraic symptoms. He thinks we should be justified in dropping entirely from our nomenclature the term *cholera infantum*, and substituting the term *acute milk-poisoning*, claiming that this term would alone be sufficient to suggest that the further use of the poison should be stopped. He holds that by keeping up the activity of the mammary gland of the cow *beyond the normal period*, and continuing this through successive generations, we gradually rob the lacteal function of its true "secretory" character, and impart to it more of an "excretory" quality. Thus galactorrhœa may take the place of diarrhœa in the animal, and noxious matters eaten by her may be conveyed to the infant. Sudden changes of food, poisonous weeds, stagnant waters, etc., may thus account for many cases of infantile cholera. But the two conditions of the bovine organism to which Dr. Brush directs special notice, as causing changes in the milk secretion, are sexual excitement and pregnancy. His observations show that both these conditions are fruitful causes of infantile sickness; that the first-mentioned condition induces in the milk an odor of putridity, perceptible on heating it in a water-bath; that coitus develops a marked acidity, and that pregnancy deteriorates its nutritive quality. Mechanical injury to the udder also gives rise to an acidity, perceptible in the freshly-drawn lacteal secretion.

[Note.—Dr. Brush's observations are not altogether new. It will be remembered that our homœopathic colleague, Dr. Falligant, of Savannah, Ga., drew attention to the vitiation of cow's milk by pregnancy, in a paper read before the American Public Health Association in 1881. The observations of Dr. B., however, take a wider scope, and entitle him to public and professional thanks. If this investigation is to be further pursued, as it surely ought to be, we would recommend observations upon still other causes of lacteal vitiation, of whose existence we have personal knowledge, viz., racing cows to and from the pasture, beating, kicking, hounding, and otherwise maltreating them,—practices all too common among farmers' boys, yes, and farmers themselves. Also thirst or hunger, long-continued, from

confinement in unwatered or unfertile pastures; the excitement of cow-fights, sometimes long-sustained and desperate, and affecting the nervous equilibrium of an entire herd; localized inflammations, with more or less fever, from gores and other wounds; the evident grief of the animal at the loss of her young, when sent to the slaughter-pen; exposure to extremes of heat or of cold, or to storms, etc., etc.—Eds.]

Cereal Foods received a severe microscopic analysis by Dr. Ephraim Cutter, with the result of their general rejection as gluten flours. Dr. J. G. Richardson calls attention to a blunder in these investigations. Dr. Cutter asserted that all the gluten-cells are contained in the bran. Dr. Richardson and, later, Dr. Carl Seiler, claim, on the contrary, that the substance of the grain itself contains a large amount of gluten.

Dr. Seiler was struck with a singular preference of Dr. Cutter for Mellin's over Horlick's preparation, despite the similarity in the microscopic drawings of the two foods. He accordingly made several microscopic preparations of Horlick's food, and found that gluten cells, both empty and filled, are present in almost every specimen.

Samples of other foods, as Hay's cooked oat-meal, Hubbell's wheat, Imperial Granum, etc, are more or less cooked, and contain some impurities; but all of them are more easily digested by a weak stomach than common flour, a fact gleaned from microscopic examination and clinical observation. —*Medical Gazette.*

Thymic Acid as an Antiseptic.—"This is a crystalline product by prolonged refrigeration of the oil of thymus vulgaris. The objections to carbolic acid, used by the Lister method, are the odor, the irritation to raw surfaces, often causing sero-sanguinolent discharge and even eczema, constitutional disturbance, and the irritation and anæsthesia of the skin, to the surgeon. Thymol has none of these disadvantages, whilst its efficiency to produce healthy surfaces and freedom from putrefaction of the discharges, is established. Volkman and Ranke report a large percentage of success with it in operations. It is a stimulant to slowly granulating surfaces, as ulcers and burns, and as such is valuable, in weak solution, in skin-grafting. In ointment, of a strength of one and a half to two grains, it is beneficial in some skin diseases. In the Chambers-Street Hospital, New York, thymol dressings have superseded all other antiseptics. The solution kept for use is: Thymic acid, 1 grm.; spts vini rect., 10 grms.; glycerine, 20 grms.; distilled water, 1000 grms. To the thymol, first pulverized, alcohol is added slowly, with stirring till solution, then the glycerine and the water. At the time of using, the water to which it is added must be warm, to prevent recrystallization. Thymolized gauze—1000 parts of gauze, sized with mixture of spermaceti, 500 parts; resin, 50: and thymol, 16—is very soft, and may be applied directly to the injured parts without the interposition of the protective, and may remain on until there is discoloration in some part of the Mackintosh or discharge appears at the edge—frequently until it is time to remove the sutures; the wound is often found united without suppuration. The gauze should be kept closely folded in wrapping-paper. For washing out abscesses, sinuses, or in suppurative cellulitis, where free incision becomes necessary, it is much preferable to carbolic acid. Thymolized collodion—one and a half grains to the ounce of flexible collodion—is valuable in minor surgery, where the parts can be closely approximated. Thymol is also of great value to the obstetrician, and for general use in the lying-in room."—*Medical Annals.*

Myelitis caused by Paris Green.—In a paper before the New York Academy of Medicine, Dr. E. C. Seguin claimed that myelitis may result from intoxication with Paris Green. Drs. Janeway, Weber, and others, added confirmatory evidence.—(*New York Medical Record.*) See, also, Hughes's *Pharmacodynamics*, 4th edition, page 257.

News, Etc.

A Post-Graduate School (allopathic) has been recently opened in New York city, with a large corps of professors.

The Brooklyn Homœopathic Hospital was the recipient of a bequest of $1000 from Dr. Albert E. Sumner, its late medical director.

W. R. Childs, M.D., of Pittsburgh, has been prostrated with an attack of typhoid fever, but, we are glad to learn, is now convalescent.

Dr. H. H. Hofmann and wife, of Pittsburgh, have sailed for Europe, to be absent for a few months. We wish them a pleasant voyage and a safe return.

Dr. A. E. Sumner's Successor.—Dr. W. M. L. Fiske has been appointed Medical Director of the Brooklyn Homœopathic Hospital, *vice* Dr. A. E. Sumner, deceased.

William D. Hall, M.D., our homœopathic colleague, residing at Altoona, is the Medical Director of the Department of Pennsylvania, of the Grand Army of the Republic.

The Minnesota State Homœopathic Institute has just issued a neat volume of *Transactions*, embracing its history from the date of its organization in 1867, down to and including the present year.

Chester Homœopathic Dispensary.—For the quarter ending September 30th (?), 1882, this institution reports: Patients treated, 195; prescriptions, 413; out visits, 60; deaths, 3; births, 2.

F. T. Chaplain, M.D. (Hahnemann, Philadelphia, '82), is Assistant Resident in the Brooklyn Homœopathic Hospital, being associated with Resident Clark Burnham, M.D. (Hahnemann, Philadelphia, '81).

The Brooklyn Homœopathic Hospital started, nine years ago, with 10 beds. It now has 106 beds. Its ambulance service is the most popular in Brooklyn, and receives an average of three or four calls per day.

The Pennsylvania State Society's *Transactions* are already issued from the press in the usual handsome style. The Publication Committee is entitled to the thanks of members for the energy and care displayed in the issue of the volume.

The New York Medical Journal, edited by Dr. Foster, will be published weekly after January 1st, 1883. If the *Journal* maintains its present standard of excellence, its more frequent appearance will prove highly advantageous to its many readers.

Arctium Lappa.—This drug, which is just now exciting some interest in professional minds, has been the subject of important experimental research by Dr. Robert P. Mercer, of Chester, Pa. The result of his observations will be given in our January number.

The Boston University School of Medicine has an excellent class this year, as regards both the number and the quality of its members. The faculty is ever and anon devising and carrying into operation new and improved methods of instruction and illustration.

Garfield's Doctors.—Ex-Surgeon-General Barnes has been so seriously indisposed as to excite anxiety on the part of his friends, but is now rapidly recovering. Surgeon Woodward, of the United States Army, has recently returned from Europe without having secured any improvement in his health. Dr. Frank H. Hamilton is dangerously ill with pulmonary hemorrhage.

Homœopathy in the Van.—Gaillard's *Medical Monthly* credits the Homœopathic College and the Women's College, with being the only institutions in the city of New York which require candidates for medical graduation to undergo examination by boards outside their teaching faculties.

E. C. Seguin, M.D.—Readers of this journal are doubtless aware of the terrible domestic disaster to Dr. E. C. Seguin, of New York city, involving the death of his entire family. The doctor has gone to Europe for an indefinite sojourn, in hope of restoring his shattered health and of recovering somewhat from the shock of his recent bereavement.

The New York Allopathic Code.—The secretary of the New York State Allopathic Society, in a circular recently issued to the physicians of that State, requests expressions of their individual sentiments, in approval or disapproval of the "new code of ethics." It is not unlikely that the next session of the society will witness a struggle over the question of its repeal.

Homœopathic Dispensary of Little Rock, Ark.—J. C. Daily, M.D., Resident Physician of the above-named institution, sends us the following report of its work for the year ending August 10, 1882.

Patients treated, 784; prescriptions, 3039; visits, 527; surgical operations, 46; obstetrical cases, 11; average daily attendance, 8½.

Dr. Prosper Bender, of Quebec, has removed to Boston, Mass., where it is said he expects to continue in the practice of his profession. On the evening of October 22d a large number of his friends and admirers tendered him a farewell banquet, on which occasion there were many expressions of regret in view of his departure from among them, and of hope for his prosperity and happiness in his new field of labor.

The California Homœopath.—A new journal, under the above title, has just commenced publication at No. 234 Sutter Street, San Francisco, California. It is an eight-page folio, and will be issued bimonthly. The editor is William Boericke, M.D., probably one of the best men for such a work to be found on our Pacific coast. The first number has been received, and is full of interesting and valuable matter. We wish it an immense success. Only $1 per annum.

Preparing for the Campaign.—The Committee on Legislation, etc., of the Pennsylvania State Society, of which Dr. Hugh Pitcairn, of Harrisburg, is chairman, has issued an appeal to the physicians of the State, urging them to present to their own State senators and representatives the claims of our school to a due representation in all the hospitals and public medical institutions in charge of the State authorities. There is an abundance of "legislative" work to be done during the next few months, and the State committee is organizing for a vigorous campaign.

Outrageous.—We have recently received a pamphlet advertisement of a secret nostrum, which is notorious, even above its fellows, for failing to accomplish what its proprietor claims for it. This pamphlet gives the names and residences of a large number of "regular physicians" who "not only commend but use" the advertised preparation. In this list we find the

names of at least two homœopathic and a considerable number of allopathic physicians. How far the statement is libellous we are, of course, unable to say; but it will be looked upon, by most practitioners, with extreme suspicion.

Homœopathic Society of the Twenty-third Ward, Philadelphia.—This society held its annual meeting at the North Star Hotel, Frankford, on October 18th. The officers elected for the ensuing year are, President, R. Lewis, M.D.; Vice-President, N. T. Jerman, M.D.; Secretary, W. C. Powell, Sr., M.D., Bustleton, P. O., Philadelphia. After the transaction of general business, the members and a number of invited guests sat down to a sumptuous banquet, at which a number of toasts were offered and responded to in brief addresses by the members and their friends. The society is doing good work, and its prospects are very encouraging.

Homœopathic Medical Society of Chester, Delaware and Montgomery Counties (Pa.).—The quarterly meeting of this society was held at the Beale House, Chester, October 10th, and was well attended. President J. B. Wood, M.D., occupied the chair, and a number of interesting papers and clinical observations were presented by several members. Officers to serve for the ensuing year were elected as follows: President, J. B. Wood, M.D.; Vice-President, C. W. Perkins, M.D.; Secretary, T. L. Adams, M.D., of Berwyn, Chester County; Corresponding Secretary, R. P. Mercer, M.D., of Chester, Delaware County; Treasurer, J. Crowther, M.D. We hope to present some of the papers of the society in our next issue.

The National Medical Museum and Library, it is feared, will be merged into the general Congressional Library, at the approaching session of Congress. Such a change would seriously impair their usefulness by withdrawing them from the management of persons specially qualified for the trust, and placing them in charge of partisan officials, possessed in all likelihood of neither the ability nor the inclination to add further to their resources, or to render their present materials available. It would not be unwise for homœopathic societies to unite with those of the allopathic school in respectfully urging members of Congress to oppose the change, and to suggest the advisability of erecting a suitable fire-proof building for the reception of their vast treasures. The library now contains 57,000 volumes and over 63,000 pamphlets.

Prize Essay on Hydrophobia.—Dr. Prater has offered a prize of thirty pounds sterling for the best essay on *Hydrophobia*. The paper is to include the consideration of: (*a*). The history, pathology, and symptoms of hydrophobia. (*b*). The various measures, surgical and medicinal, for its prevention after inoculation with the virus. (*c*). Curative measures after the development of the disease, stating the pathogeneses of the medicines recommended as far as they relate to the disorder, and the more or less close similarity of each to the different stages of hydrophobia. (*d*). Cases, whether previously recorded or not, which illustrate the value of the treatment adopted before and after the development of the disease. Essays must be written in English, and sent to Dr. Dyce Brown, 29 Seymour Street, Portman Square, London, W., on or before November 1st, 1883.

Dr. Hering's Portrait.—We ask permission to remind our readers of the opportunity they possess of obtaining the portrait of the late Dr. Hering. It is engraved on steel, by Sartain, and measures 12 x 16 inches. It represents the doctor in a sitting position, with note-book and pencil in hand, and is acknowledged to be a faithful likeness, as well as a beautiful specimen of the engraver's art, fit to adorn the walls of the office, library, or parlor. It is printed on the heaviest and best plate paper, 19 x 24 inches, and is sold for the exclusive benefit of the Homœopathic Hospital of Phil-

adelphia, at the low price of $2 per copy. Proof impressions on india-paper, $3.

Copies sent by mail, carefully packed, upon receipt of price and six cents in postage stamps. Address, A. R. Thomas, M.D., 1733 Chestnut Street.

The Children's Homœopathic Hospital of Philadelphia has purchased the handsome property, number 914 North Broad Street, below Girard Avenue, west side. The lot has a front of 60 feet on Broad Street and a depth of 180 feet to Carlisle Street. The building is a handsome and somewhat imposing structure, capable of accommodating about forty patients, and there is room for extensive additions. There is also a two-story building on the Carlisle Street front which is being adapted to the uses of the flourishing dispensary connected with the hospital. The cost of the property is $24,000, and an urgent request is made by the managers for contributions to the purchase fund, in order that the usefulness of the institution may not be hampered by a mortgage debt. Subscriptions may be forwarded to the Treasurer, William H. Allen, Esq., No. 113 Market Street, Philadelphia.

Appointment of a Professor.—The Hahnemann College of Philadelphia has appointed Charles Mohr, M.D., Professor of Clinical Medicine and Physical Diagnosis, to fill the vacancy occasioned by the withdrawal of Professor Korndœrfer, who, in consequence of impaired health, resigned his chair, a year or two ago. Dr. Mohr has been serving the school as lecturer on these branches with great acceptability and profit to the classes. He is well known to the entire English-speaking profession, as one of the literary executors of the late Constantine Hering, M.D., and as one of the editors of Hering's *Guiding Symptoms*, of which volumes I, II, and III have been already published. In his teachings and practice he restricts himself to no particular class of potencies, but uses, alike, the lower and the higher. In his professional relations, as well as in more strictly scientific fields, he is one of Philadelphia's most indefatigable workers.

Hahnemann Medical College of Philadelphia.—This institution has adopted the plan of assigning all the dispensary visiting to such members of the third year of the graded course as give satisfactory evidence of reasonable proficiency in diagnosis and therapeutics. Each student is required to keep detailed and complete notes of his cases and of their treatment, and report fully in writing to the clinical professor. In case of necessity, and also at other times, the professor visits the patient in company with the attendant for the purpose of securing to him the largest possible benefit from his experience with the case. This plan offers some advantages even over hospital practice, as it brings the student into direct and responsible relation with the same classes of patients which he may expect to meet with in private practice, while, at the same time, all his clinical studies and practice are under the immediate supervision and suggestion of an experienced instructor.

W. W. Van Valzah, M.D.—Some two or three months ago, we mentioned the fact that Dr. Van Valzah, a lecturer in the Jefferson Medical College Hospital of Philadelphia (allopathic), after having been a long time ill, and seeing no prospect of benefit from the treatment of some of the most distinguished members of his own school, had obtained the services of Dr. Phillips, a homœopathist, of Cape May, N. J., and was rapidly recovering his wonted health. We also mentioned that the Faculty of Jefferson College had demanded of him, either the dismissal of his homœopathic attendant, or the resignation of his office in the college. From a recent newspaper we learn that, although the doctor recovered from his first sickness, he is again "seriously ill at a private hospital in Cleveland, Ohio." By

the same newspaper we learn that "his ultimate recovery is beyond the danger of probability,"—though we have not the slightest conception of what that means,—and that "the cause of his prostration yet remains an open question."

Removals.—L. J. Bumstead, M.D., from Lincoln, Nebraska, to Colorado Springs, Colorado.

W. M. Van Baun, M.D., from No. 1614 North Eighteenth Street to No. 1742 North Thirteenth Street, Philadelphia.

E. S. Breyfogle, M.D., from San José to No. 14 Dupont Street, San Francisco, California.

L. M. Hickman, M.D., from No. 1319 Arch Street to No. 135 North Twenty-first Street, Philadelphia.

H. F. Ivins, M.D., to No. 1319 Arch Street, Philadelphia.

B. Clow, M.D., to San José, California.

Dr. Cook, from San Francisco to Los Angeles, California.

E. K. McGill, M.D., from 1807 Girard Avenue to 1751 North Twenty-first Street, Philadelphia.

Lanphear W. Webb, M.D., from Seventeenth and Jefferson Streets to 1220 Master Street, Philadelphia.

The Homœopathic Library of Philadelphia has been moved to more eligible and commodious quarters in the building adjoining Boericke & Tafel's Pharmacy, on Arch above Tenth Street. The Board of Managers were fortunate in being able to secure such pleasant rooms so near the pharmacy to which most of our physicians go for books and medicines. In the reading-room are to be found all the homœopathic journals, published in this country and Great Britain, and the most desirable of the allopathic journals of Europe and America. Many valuable medical works have been contributed and will be found upon the library shelves.

The association has been recently incorporated, and an earnest effort is being made to secure the valuable medical library of the late Dr. Hering, including the renowned Paracelsian library, which is the most complete of the kind in existence. For this purpose, Mr. C. G. Wightman, the agent of the Homœopathic Mutual Life Insurance Company, has been appointed to solicit subscriptions from Dr. Hering's friends and former patrons, as well as from the public in general, and we are glad to learn that he is meeting with gratifying success.

The first anniversary meeting of the association will be held early in December, at which time an attractive programme of exercises will be presented. Members of the profession are invited to bring contributions of books and journals, either in sets or single numbers, and such other matter as may be of value.

The Vermont Homœopathic Medical Society held its thirty-second annual meeting at Pavilion Hotel, Montpelier, Wednesday and Thursday, October 18th and 19th, 1882. In the absence of the President, Dr. T. R. Waugh, of St. Albans, who was detained by sickness, the meeting was called to order at 2 o'clock, Wednesday, by the Secretary, Dr. C. A. Gale, and Dr. H. C. Brigham, of Montpelier, was made temporary chairman. A number of new members were received, and the usual routine business transacted.

In the reports of Bureaus and the discussion thereon, Dr. F. C. Sanborn reported the use of Avena sativa in nervous prostration, with good results.

Dr. Brigham reported cases of hyperplastic condition of the uterus, especially after miscarriage in early months, and complicated with gastralgia. He mentioned Caulo., Sec., Helon., Tril., Cimic., Saf., Sep., Canth., China, Aletris., Ustil., etc., as useful remedies; locally Iod. and Glycerin were used with benefit.

Vomiting of pregnancy was discussed at some length, and various means

recommended for relief. Dr. Halsey uses sponge tents and corrects displacements, which are usually retro- or ante-version. Others had used with good results, Apomorphia, Iris, Tobacco, Cucurbita pepo, etc., homœopathically. Also, Ingluvin as a palliative, and raw beef as a diet had relieved. Dr. James Haylett read a paper giving a history of his attendance on Mrs. J—— H——, of Moretown, when she gave birth to four living children, the combined weight of which was fifteen pounds. All lived to be three weeks old.

Dr. Halsey read a very interesting paper, giving the history of a case of placenta prævia, with laceration of the perinæum, in which the laceration was entirely healed without stitches. (This paper will be published in the Hahnemannian Monthly.—Eds.)

The use of anæsthetics in labor was discussed by every member present at some length, showing a great diversity of opinion and custom in regard to their use. Some old practitioners had never used them; others had, in a few desperate cases, while some of the younger members were disposed to use them more frequently, and all who had employed them reported good results.

Dr. I. H. Fisk read a paper on treatment of diphtheria, which will also be published. Dr. O. G. Ross, of Revere, Mass., delegate from the Massachusetts society, advocated the use of Kali bi. in diphtheria. He uses a moderately strong solution applied to the membrane with a soft brush, every hour, night and day. This, locally, with the indicated remedy internally, had been very successful with him, even in very bad cases. Dr. H. S. Boardman reported a case of general anasarca with heart disease, given up to die by several allopathic physicians. He was called as a last resort. After a few months' treatment, she is still living and calls herself well.

Dr. H. C. Brigham, President *pro tem.*, presented the following resolutions, which were unanimously adopted:

"*Resolved*, That the censors of this society are instructed to issue no certificates to practice medicine to under-graduates, or those holding diplomas from bogus colleges, unless they pass an examination equal to that required by our colleges; and none to graduates of other schools unless they pass a satisfactory examination in the principles and practice of homœopathy.

"*Resolved*, That the examination shall be in writing and the questions and answers must be presented to the secretary, and become the property of the society, where they can be inspected by the members."

Next in order was the election of officers, with the following result: President, E. B. Whittaker, M.D., Hinesburgh; Vice-President, James Haylett, M.D., Moretown; Recording Secretary, C. A. Gale, M.D., Rutland; Corresponding Secretary, G. E. E. Sparhawk, M.D., Burlington; Treasurer, William B. Mayo, M.D., Northfield.

The next semi-annual meeting will be held in Burlington, May 9th, and the annual session in Montpelier, October 17th and 18th, 1883.

C. A. Gale,
Secretary.

Legislation in Defence of Professional Rights; an Important Notice.—The following circular has been sent us for publication. (See, also our Editorial note on this subject.)

Office of the Chairman of the Committee on Legislation,
American Institute of Homœopathy, 1706 Green Street:
Philadelphia, September 15th, 1882.

Dear Doctor: The above-named committee for the current year of the Institute, consists of John C. Morgan, M.D., Philadelphia, Chairman; A. I. Sawyer, M.D., Monroe, Mich.; J. P. Dake, M.D., Nashville, Tenn.; F. H. Orme, M.D., Atlanta, Ga.; E. C. Franklin, M.D., Ann Arbor, Mich.; I. Tisdale Talbot, M.D., Boston, Mass.; J. C. Budlong, M.D., Centredale,

R. I.; George F. Roberts, M.D., Chicago, Ill.; Philo G. Valentine, M.D., St. Louis, Mo.; Ambrose S. Everett, M.D., Denver, Col.; C. B. Currier, M.D., San Francisco, Cal.; G. W. Pope, M.D., Washington, D. C.

The districts remain as last year, very nearly, and attention is respectfully called to the necessity of securing numerous helpers within your district, in order to carry out our work; particularly in securing Congressional votes, as hereinafter explained.

The most important duty now before the Committee is that imposed by the vote of the American Institute at its late session, instructing us to press the demand for equal rights in the medical corps of the United States Army and of the Civil Service.

Pursuant thereto, the chair prepared a "joint resolution" for presentation to both Houses of Congress. This was amended by the Hon. Chas. O'Neill, M. C., of Philadelphia, and presented by him (by unanimous consent), in the House of Representatives; and by the Hon. J. Donald Cameron (also by unanimous consent), in the Senate. In each House it was read twice, and referred to the appropriate committee, in whose custody it remains, and whose active support must be now secured. These are, the House Committee on the Judiciary, consisting of Hons. Thomas B. Read, of Maine; Edwin Willits, of Mich.; George D. Robinson, of Mass.; J. F. Briggs, of N. H.; H. L. Humphrey, of Wis.; Ezra B. Taylor, of Ohio; Moses A. McCoid, of Iowa; L. E. Payson, of Ill.; A. Norris, of Mass.; J. Proctor Knott, of Ky.; N. J. Hammond, of Ga.; D. B. Culberson, of Texas; G. L. Converse, of Ohio; Van H. Manning, of Miss.; R. W. Townshend, of Ills.; and the Senate Committee on Civil Service and Retrenchment, consisting of the Hons. Joseph R. Hawley, of Conn.; Edward H. Rollins, of N. H.; John P. Jones, of Nevada; Henry L. Dawes, of Mass.; John I. Mitchell, of Penna.; M. C. Butler, of S. C.; James D. Walker, of Ark.; John S. Williams, of Ky.; George H. Pendleton, of Ohio.

The following is a copy of the "Joint Resolution" in question: "House Res. 259," July 17th, 1882; "Senate Res. 96," July 14th, 1882:

"JOINT RESOLUTION—Relative to Schools of Medical Practice in the United States, and the graduates thereof.

"*Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled,* That it shall be a misdemeanor, punishable by a fine of five hundred dollars, and dismissal from office, for any officer of the United States Government, Civil, Military, or Naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the Government.

"SEC. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

On the introduction of this measure, the journals of the old school showed much alarm and opposition, even abusing the Hon. Senator for his action. On the other hand, the allopathic liberals have contended for its propriety. We thus learn that we must prepare for a sharp contest.

The first step will be to secure immediate and favorable consideration thereof by each of these committees; to which end, the several gentlemen whose names are above given should be duly informed of its nature, and their approval individually sought by the prompt and earnest personal efforts of physicians and others, in their respective districts. The resulting recommendations of these Committees will doubtless largely shape the action of the House and Senate. The consequences to homœopathy will be immense.

The second step will be to obtain duplicate (signatures) in large numbers everywhere, to the annexed petition to the two Houses. The petitions should be forwarded *as soon as possible*, through the chairman of this committee, or otherwise, before the *op ning* of the winter session, in order that the resolution may obtain an *early* consideration in each House, *for third reading, and passage.*

The third step will be to secure the influence of each and every member of Congress, through the personal appeals of our friends and theirs, united with those of all the excluded systems of practice in their own districts; letting all know that scientific medicine fears nothing, and can lose nothing thereby. Our societies everywhere should pass, and forward *resolutions sustaining* members who favor our cause.

The fourth step will be to endeavor to secure from the President of the United States a like favorable consideration, and *his signature.*

Every person who shall see this circular is particularly requested to take notice of whatever of these steps he or she may be able to further in any way, and to constitute a committee for that purpose. *Let all action be immediate!*

It is to be borne in mind, and duly urged, that the British Medical Act of 1858 (Section xxiii), is of like tenor, as respects the impartial licensing of medical men in civil life, going so far as to revoke the licensing power of institutions vested therewith, a penalty for violation of the said prohibition. This act forms an established precedent in *law.* The *equity* is undeniable. (See *British Journal of Homœopathy*, April 1st 1882.)

JOHN C. MORGAN, M.D.,
Chairman.

OBITUARY.

RICKEY.—Recently A. C. Rickey, M.D., Professor of Diseases of the Nervous System in Ohio Medical College of Cincinnati.

At a meeting of the Faculty of Ohio Medical College, the following preamble and resolutions were adopted:

Since the last regular meeting of the Faculty of this College, through the dispensation of Providence, our esteemed friend and colleague, A. C. Rickey, M.D., has been taken from us by an early death, and as we desire to place upon record our appreciation of his worth, therefore,

Resolved, That the members of this Faculty will cherish the memory of their departed friend and brother, with the regard inspired by a long and harmonious association, and that they will feel his death as a personal bereavement.

Resolved, That in the death of Professor Rickey, this College has sustained the loss of a wise counsellor, an able instructor, and a stanch friend, ever ready to assist in promoting her welfare, and guarding her interests.

Resolved, That we tender to his afflicted family our deep sorrow and heartfelt sympathy, rejoicing, however, in the consolation that while he has been taken from them and from us, his brilliant intellect, his conscientious work, and his religious character assure us that this sad event is to him but the entrance into a happier life

Resolved, That a copy of these resolutions be spread upon the records of this faculty, that a copy be sent to the daily papers, and that a copy be transmitted to the family of our deceased friend.

G. C. MCDERMOTT,
J. M. CRAWFORD,
C. D. CRANK,
Committee.

OFFICE OF THE HAHNEMANNIAN MONTHLY, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

Send all business communications direct to our office.